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| **FOREIGN AGENT REGISTRATION FORM / SIFAC** |
| **Title:** | Choose an element. |
| **Name :** | Click here to write. |
| **First name :** | Click here to write. |
| **Date of birth :** | Click here to enter a date. | **Place of birth :** | Click here to write. |
|  |  |
| **Nationality :** | Click here to write. |

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| **ORGANIZATION** |
| **Assignment :** |[ ]  Université de Paris |[ ]  Outside Université de Paris |
| **Grade :** |[ ]  IATOS |[ ]  Teacher-researcher |[ ]  PhD student |[ ]  Student |[ ]  Trainee |

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| --- | --- | --- |
| **Do you have a personal vehicle?**  |[ ]  Yes |[ ]  No |
| **Number plate :**  | Click here to write. |

|  |  |  |
| --- | --- | --- |
| **Personal address :** | Number, street:  | Click here to write. |
| Post Code: | Click here to write. |
|  | City: | Click here to write. |
|  | Country: | Click here to write. |

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| --- | --- | --- |
| **Professional address:**  | Number, street: | Click here to write. |
| Post Code: | Click here to write. |
|  | City:  | Click here to write. |
|  | Country: | Click here to write. |

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| **BANKING INFORMATION** |

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|  | Please provide along with this form a statement of bank details or official equivalent |

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| **Account holder:** | Click here to write. |
| **Bank code:** | Click here to write. | **BIC – SWIFT Code:**  | Click here to write. |
| **Account number:** | Click here to write. |
| **IBAN** (If applicable)**:** | Click here to write. |
| **Bank name:** | Click here to write. |
| **Bank address:** | Click here to write. |

Send this form to the Accounting Agency: https://help.app.u-paris.fr/

Your request cannot be processed unless the form is approved by the requesting department.

Requesting department UPC: Click here to enter text.

Date, signature, stamp (MANDATORY).

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| **Requesting authority:**  |  |
| **Date, signature and stamp :**  |  |