ZE Computer- und Medienservice Benutzerberatung cms-benutzerberatung@hu-berlin.de



Transfer special account Application for transfer of responsibility

| given name | | last name | personal HU account | ☐ male ☐ female ☐ other ☐ no entry in the register of births | |
|--|---|------------------------|---|--|--|
| title | personnel no. | date of birth | | | |
| 2. Association and | your place of work | | | | |
| institution at the Hum | boldt Universität zu Be | rlin, e.g. institute o | r chair | | |
| street and house no. | | | ZIP, city | | |
| SAP-Org-ID | organisational no. ("OKZ", Organisationskennziffer) https://hu.berlin/okzsuche | | | | |
| 3. Data protection a | and security | | | | |
| | d with third parties bar privileges are transferre | sed on best judgme | on the CMS websites. Crede ent and with unmitigated resp ant. | | |
| eight-character HU acc | ount official mai | l address | | | |
| 5. Current account | holder: Signature | | | | |
| given name, last name of current account holder | | der by hand: | by hand: date, signature | | |
| in absentia: given nam | e, last name of team le | ad by hand: | by hand: date, signature of team lead | | |
| | | | of responsibilities in absentia ansferred by the nameholders | | |
| 6. Future account h | nolder: Signature | | | | |
| | | by hand: | date, signature | | |