

# Admission form

## Personal data

Surname

Forename

Street, House number

Postal code, City

Date of birth

Profession

Phonenumber *private*

Phonenumber *mobile*

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## Opponent *(optional)*

Surname

Forename

Street, House number

Postal code, City

Date of birth

Profession

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## Legal expenses insurance

Insured person

Insurance number

I have received and read the „[Notice on Data processing](#)“. I release the lawyers from confidentiality against my legal expenses insurance, as far as this is required for cover request, billing and further processing of the legal protection case.

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City, date

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Signature

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We are happy to communicate with you via e-mail. However, we must point out that unauthorized persons can easily gain access to confidential information contained in unencrypted e-mail traffic. We can therefore assume no liability for the obtainment of confidential information in the email traffic by third parties. Please let us know if you prefer a different, secure communication path, e. g. for confidential documents.

I wish to also correspond with you and to be informed by you via e-mail. I am aware of the security risks of e-mail traffic. I agree with the exclusion of the liability of the lawyers Betz • Rakete • Dombek in this regard. I am aware that I can revoke this consent at any time for the future in writing, e. g. via e-mail to [privacy@robe.org](mailto:privacy@robe.org).

My e-mail address is: \_\_\_\_\_

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City, date

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Signature



## DOCUMENTS UPLOAD

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