DECLARATION FORM

FOR THE SERVICES OF

EDUCATION, CONSULTANCY, EXPERTISE AND LEGAL ADVICE

|  |  |
| --- | --- |
| Person’s Title, Name Surname |  |
| Unit |  |
| Date |  |
| File Number of Expertise and Legal Opinion |  |
| Total Service Fee (VAT excluded) |  |
| The Amount to be Transferred to the University (30%) |  |
| International Bank Account Number **IBAN number** | **TR 97 0013 4000 0007 9691 0001 16** |

Date

Name and Surname

Signature

|  |  |
| --- | --- |
| Date the Fee was Transferred to the University |  |

Approver’s Name and Surname

Signature

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