Schutzbereich 3

(wenn befüllt)

* 1. Anmeldung für Dienstliche Veranstaltungen der Bundeswehr

|  |  |
| --- | --- |
| An: | über: |
| Landeskommando Niedersachsen  Kurt-Schumacher-Kaserne  Hans-Böckler-Allee 18  30173 Hannver | FwRes Hildesheim  SF Toby Stobbs  Langer Garten 14  31137 Hildesheim |

Bezeichnung/Thema/Ort :

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Zeitraum von - bis/am:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name :       Vorname:       DGrad:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

KrsGrp :       RK:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PK (bei Gästen Geb-Datum) :       PersNr:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Str. HausNr: :

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PLZ, Wohnort :

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Telefon :       E-Mail:       Fax:        
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Zuständiges Karrierecenter der Bundeswehr (KarrC Bw):

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Gegen mich ist ein gerichtliches Strafverfahren oder ein polizeiliches/staatsanwaltschaftliches

Ermittlungsverfahren anhängig.\*   
Nein:    
  
Ja\* :  seit (Datum) :      Grund:       Aktenzeichen Gericht/Staatsanwaltschaft:        
  
 -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Ich bin in einem Strafverfahren verurteilt oder mit einer Maßregel der Besserung und Sicherung belegt worden.\*   
Nein :

Ja\*:  Grund der Verurteilung/Maßnahme:       Aktenzeichen Gericht/Staatsanwaltschaft:       Rechtskräftig seit:      

\*Ich bin darüber belehrt worden, dass ich alle noch nicht getilgten oder noch nicht tilgungsreifen strafgerichtlichen Verurteilungen anzugeben habe.

zusätzlich für Auslandsveranstaltungen:

Geburtsort : entfällt

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Personalausweis- od. Reisepassnummer : entfällt

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Grenzübertritt Hinreise (Ort und Zeit) : entfällt

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Grenzübertritt Rückreise (Ort und Zeit) : entfällt

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Transportmittel : entfällt  
(**KfzTyp, pol. Kennzeichen oder Fluglinie/FlugNr)** ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Hinweis: Gemäß der ZR A2-1300/0-0-2 dürfen Sie der Zuziehung nur Folge leisten, wenn Sie dienstfähig sind.

     ,      

Ort, Datum, Unterschrift