**Stand** / *As of* : **1. April** */ 1st of April* **2015**

**Anlage** / *Annex* **2 - 1**

**Seite** / *Page* **1**

**gem. Handbuch /** *iaw. Guide*

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| Request for Visit (RFV) /  *Besuchsantrag* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | One-time /  *Einmaliger Besuch* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Annex(es) /  *Anlage(n)* | | | | | | | | | | | | |
|  | | | Recurring /  *Wiederkehrender Besuch* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Yes /  *Ja* | | | | | | | | | | | |
|  | | | Emergency /  *Eiliger Besuch* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | No /  *Nein* | | | | | | | | | | | |
| 1 | Administrative Data /  *Personendaten* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Requestor /  *Antragsteller* | | | | | Botschaft des Staates Israel, Büro des Verteidigungsattaches | | | | | | | | | | | | | | | | | | | | | Date /  *Datum* | | | | | | | | |  | | | | | | | | | |
|  | to /  *an* | | | | | BMVg SE I 4 | | | | | | | | | | | | | | | | | | | | | Visit ID /  *Besuchsnummer* | | | | | | | | | | | | | | |  | | | |
| 2 | Requesting Government Agency or Industrial Facility /  *Antragstellende Dienststelle/Firma* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name /  *Name* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address Postal /  *Postanschrift* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telex /  *Fax Nr.* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Nr. /  *Telefon Nr.* | | | | | | | | |  | | | | |
| 3 | Government Agency or Industrial Facility to be visited /  *Zu* besuchende *Dienststelle/Firma* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name /  *Name* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Postal Address /  *Postanschrift* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telex /  *Fax Nr.* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Nr. /  *Telefon Nr.* | | | | | | | | |  | | | | |
|  | Point of contact /  *Ansprechpartner* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Dates of Visit /  *Besuchszeitraum* | | | | | | |  | | | | | to /  *von-bis* | | |  | | | | | | |  | | | | | |  | | | | | | | | | to /  *von-bis* | | | | |  | | |
| 5 | Type of Visit (Select one from each column) /  *Grund des Besuches (Kreuzen Sie bitte in jeder Spalte jeweils einen Punkt an)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Government initiative /  *Regierungsinitiative/-auftrag* | | | | | | | | | | | | | |  | | Initiated by requesting agency or facility /  *von der antragstellenden Dienststelle/Firma gewünscht* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Commercial initiative /  *Firmeninitiative/-intern* | | | | | | | | | | | | | |  | | by invitation of the facility to be visited /  *auf Einladung der zu besuchenden Stelle* | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Subject to be discussed/Justification /  ***Besuchszweck*** *(Angaben in Deutsch.* ***Zusätzlich*** *in der Landessprache oder in Englisch)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Anticipated Level of classified Information to be involved /  *Zu erwartender Geheimhaltungsgrad* | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Is the Visit pertinent to /  *Steht der Besuch in Zusammenhang mit* | | | | | | | | | | | | | | | | | Specify? /  *Mit welchem?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | a specific equipment or weapon system? /  *einem speziellen Waffensystem/Gerät?* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | foreign military sales or export license? /  *einem Ausfuhrprojekt oder Export-Lizenz?* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | a programme or agreement? /  *einem Programm oder Vereinbarung?* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | a defence acquisition programme? /  *einem Beschaffungsprogramm?* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | other? /  *sonstigem?* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stand** / *As of* : **1. April** */ 1st of April* **2015**  **Anlage** / *Annex* 2-1  **Seite** / *Page* **2**  **gem. Handbuch /** *iaw. Guide* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | Particulars of Visitors /  *Daten der Besucher* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date of birth /  *Geburtsdatum* | | | |  | | | | | | Place of birth /  *Geburtsort* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | security clearance /  *Sicherheitsermächtigung* | | | | | | | |  | | | | | | | ID/PP Number /  *Pass-/Ausweisnummer* | | | | | | |  | | | | | | | | | | | | | | | Nationality /  *Staatsangehörigkeit* | | | | | |  |
|  | | Position /  *Funktion/Dienststellung* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Company/Agency /  *Dienststelle/Firma* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date of birth /  *Geburtsdatum* | | | |  | | | | | | Place of birth /  *Geburtsort* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | security clearance /  *Sicherheitsermächtigung* | | | | | | | |  | | | | | | | ID/PP Number /  *Pass-/Ausweisnummer* | | | | | | |  | | | | | | | | | | | | | | | Nationality /  *Staatsangehörigkeit* | | | | | |  |
|  | | Position /  *Funktion/Dienststellung* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Company/Agency /  *Dienststelle/Firma* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | The Security Officer of the requesting Government Agency or Industrial Facility /  *Sicherheitsbeauftragter/Sicherheitsbevollmächtigter* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name /  *Name* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Nr. /  *Telefon Nr.* | | | | | | | | |  | | | | |
|  | | Signature /  *Unterschrift* | | |  | | | | | | | | | | | | | | | | | Date /  *Datum* | | | | | |  | | | | | | | | | Stamp /  *Stempel* | | | | | | |  | |
| 11 | | Certification of Security Clearance /  *Bestätigung der Ermächtigung* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name /  *Name* | | | Capt (N) Ziv Barak | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Nr. /  *Telefon Nr.* | | | | | | | | | 030-89045630 | | | | | |
|  | | Address /  *Anschrift* | | | Auguste-Viktoria-Straße 74-76, D-14193 Berlin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Signature /  *Unterschrift* | | | i.A Stephanie Gora | | | | | | | | | | | | | | | | | | | | | | | | | | Stamp /  *Stempel* | | | |  | | | | | | | | | | |
| 12 | | Requesting National Security Authority /  *Antragstellende nationale Sicherheitsbehörde* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name /  *Name* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Nr. /  *Telefon Nr.* | | | | | | | | |  | | | | | |
|  | | Address /  *Anschrift* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Signature /  *Unterschrift* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Stamp /  *Stempel* | | | |  | | | | | | | | | | |
| 13 | |  | Antrag auf Genehmigung zum Tragen der Uniform | | | | | | | | | | |  | | ja | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | | | |
|  | | Ankunft in Deutschland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Datum | | | | | | | Ortszeit | | | | | | Grenzübertritt (Ort) | | | | | | | | | | Transportmittel (KfzTyp, pol. Kennzeichen oder Fluglinie/FlugNr) | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Abreise aus Deutschland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Datum | | | | | | | Ortszeit | | | | | | Grenzübertritt (Ort) | | | | | | | | | | Transportmittel (KfzTyp, pol. Kennzeichen oder Fluglinie/FlugNr) | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Remarks / Bemerkungen (Organisatorische Hinweise zur Durchführung der Reise; Begründung warum Vorlagefrist nicht eingehalten werden konnte): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Stand** / *As of* : **1. April** */ 1st of April* **2015**  **Anlage** / *Annex* **2 – 2**  **gem. Handbuch /** *iaw. Guide*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Supplement 1 to Request for Visit (RFV) (Government Agency/ Companies to be visited)/  *Ergänzung 1 zum Besuchsantrag (Zu besuchende Dienststellen/ Firmen)* | | | | | | | | |  | | | Visit ID-No: |  | |  | | | | | Reference: RFV-format, para. 3. | | | **Supplement 1** / *Ergänzung 1*  to RFV-format | | | | | | | |  | | | | | | | | | | | Government Agency or Industrial Facility to be visited /  *Zu besuchende Dienststelle/Firma* | | | | | | | | | | | **1** | Name /  *Name* |  | | | | | | | |  | Postal Address /  *Postanschrift* |  | | | | | | | |  | Telex /  *Fax Nr.* |  | | | | | | | |  | Point of contact /  *Ansprechpartner* |  | | | Telephone Nr. /  *Telefon* Nr. | |  | | | **2** | Name /  *Name* |  | | | | | | | |  | Postal Address /  *Postanschrift* |  | | | | | | | |  | Telex /  *Fax Nr.* |  | | | | | | | |  | Point of contact /  *Ansprechpartner* |  | | | Telephone Nr. /  *Telefon* Nr. | |  | | | **3** | Name /  *Name* |  | | | | | | | |  | Postal Address /  *Postanschrift* |  | | | | | | | |  | Telex /  *Fax Nr.* |  | | | | | | | |  | Point of contact /  *Ansprechpartner* |  | | | Telephone Nr. /  *Telefon* Nr. | |  | | | **4** | Name /  *Name* |  | | | | | | | |  | Postal Address /  *Postanschrift* |  | | | | | | | |  | Telex /  *Fax Nr.* |  | | | | | | | |  | Point of contact /  *Ansprechpartner* |  | | | Telephone Nr. /  *Telefon* Nr. | |  | | | **5** | Name /  *Name* |  | | | | | | | |  | Postal Address /  *Postanschrift* |  | | | | | | | |  | Telex /  *Fax Nr.* |  | | | | | | | |  | Point of contact /  *Ansprechpartner* |  | | | Telephone Nr. /  *Telefon* Nr. | |  | | | **6** | Name /  *Name* |  | | | | | | | |  | Postal Address /  *Postanschrift* |  | | | | | | | |  | Telex /  *Fax Nr.* |  | | | | | | | |  | Point of contact /  *Ansprechpartner* |  | | | Telephone Nr. /  *Telefon* Nr. | |  | | |

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| Supplement 2 to Request for Visit (RFV)  **Stand** / *As of* : **1. April** */ 1st of April* **2015**  **Anlage** / *Annex* **2 – 3**  **gem. Handbuch /** *iaw. Guide*  *Ergänzung 2 zum Besuchsantrag* | | | | | | | | | |
|  | | | | Visit ID-No: |  | |  | |
| Reference: RFV-format, para. 9. | | | | **Supplement 2** / *Ergänzung 2*  to RFV-format | | | | | |
| **1** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
|  |  | | **יש לכתוב כאן תאריך וגם מקום לידה** | | |  | |  |
|  | Nationality /  *Staatsangehörigkeit* | Position /  *Funktion/Dienststellung* | | | | Company/Agency /  *Dienststelle/Firma* | | |
|  |  |  | | | |  | | |
| **2** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
|  |  | |  | | |  | |  |
|  | Nationality /  *Staatsangehörigkeit* | Position /  *Funktion/Dienststellung* | | | | Company/Agency /  *Dienststelle/Firma* | | |
|  |  |  | | | |  | | |
| **3** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
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|  | Nationality /  *Staatsangehörigkeit* | Position /  *Funktion/Dienststellung* | | | | Company/Agency /  *Dienststelle/Firma* | | |
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| **4** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
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|  |  |  | | | |  | | |
| **5** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
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|  | Nationality /  *Staatsangehörigkeit* | Position /  *Funktion/Dienststellung* | | | | Company/Agency /  *Dienststelle/Firma* | | |
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| **6** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
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|  | Nationality /  *Staatsangehörigkeit* | Position /  *Funktion/Dienststellung* | | | | Company/Agency /  *Dienststelle/Firma* | | |
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| **7** | Name, First name, Rank/Title /  *Name, Vorname, Dgrad/ABez* | | Date of birth, Place of birth /  *Geburtsdatum, Geburtsort* | | | security clearance /  *Sicherheitsermächtigung* | | ID/PP Number /  *Pass-/Ausweisnummer* |
|  |  | |  | | |  | |  |
|  | Nationality /  *Staatsangehörigkeit* | Position /  *Funktion/Dienststellung* | | | | Company/Agency /  *Dienststelle/Firma* | | |
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