



To:  
 INTERSWOP GmbH  
 Osterstrasse 42  
 D-20259 Hamburg  
 Germany

Sender:

First and Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 email: \_\_\_\_\_

### DS-2019 ORDER FORM

I hereby order at InterSwop GmbH to issue the DS-2019 form - required to apply for the US J-1 visa.  
 I agree to the following conditions and accept with my signature:

1. The processing fee of Euro 60,- added to the DS-2019 order form is not refundable.
2. After receipt of Euro 60,- and the signed DS-2019 order form, your application will be forwarded to our partner organisation in the USA (sponsor). The sponsor will contact the applicant to proceed the next steps to issue the DS-2019 form. All further formalities will be arranged between the sponsor and the applicant directly. The DS-2019 fees have to be paid by the applicant directly to the sponsor. These fees could be refundable under specific circumstances corresponding the refund policies of the sponsor. The applicant has received in advance all information regarding the DS-2019 procedure and the fees. All information are without guarantee and subject to change.
3. The applicant has to provide all necessary information, data and documents to the sponsor as soon as possible. All indicated information stated by the applicant have to be truthful.
4. No damages of any kind could be claimed against InterSwop GmbH which could result from no issuing the DS-2019 form, a delayed issue of the DS-2019 form or no obtaining the J1 visa .

I enclose the processing fee of Euro 60,- in cash.  I have paid Euro 60,- online with PayPal.

| Date, City   | Name | Signature   |
|--|------|---|
| <input type="checkbox"/> I apply as an <b>Intern</b> = currently enrolled in a certificate granting post secondary education program (e.g.university/ polytechnic etc) for at least one semester or beginning the internship within 12 months after graduation |      |   |
| <input type="checkbox"/> I apply as a <b>Trainee</b> = graduated from a certificate granting post secondary educational institution and at least one year of professional experience outside the USA   |      |   |
| Desired Start Date: Month: _____ Day: ____ Year: _____ Desired Program Duration: ____ months   |      |   |
| <b>Intern or Trainee Information</b> (der Praktikant / der Fortzubildende)   |      |   |
| First Name: _____  |      | Last Name: _____  |
| Middle Name: _____   |      | *Please indicate all names as in your passport!                           |
| Date of Birth (mm/dd/yyyy): ____ / ____ / _____  |      | Gender/Sex: <input type="checkbox"/> female <input type="checkbox"/> male |
| Birth City: _____  |      | Birth Country: _____  |
| Country of Citizenship: _____  |      | Country of Legal Residence: _____   |
| Your studies/Profession (Studienfach/Beruf): _____   |      | Years of studies attended: _____  |
| <b>Company Information</b> (the self arranged internship position in the USA)  |      |   |
| Company Name: _____  |      | Company Website: _____  |
| Contact Person First Name: _____   |      | Contact Person Last Name: _____   |
| Contact Person Phone: _____  |      | Contact Person Email: _____   |
| Street Address: _____  |      |   |
| City: _____  |      | State: _____  |
| Postal Code: _____   |      |   |
| Area of internship or trainee (f.e. mechanical engineering, marketing, architecture etc.): _____   |      |   |
| Others to consider: _____  |      |   |