



# APPLICATION FORM

## INDIVIDUAL

STUDENT ☐

PROFESSIONAL ☐

### Identification data | Required for unambiguous identification of the member

|                 |  |                                   |                                       |
|-----------------|--|-----------------------------------|---------------------------------------|
| Full Name*      |  |                                   |                                       |
| Short Name      | (For anonymous identification in communications) |                                   |                                       |
| Identification* | Citizen Card <input type="checkbox"/>            | Passport <input type="checkbox"/> | Other <input type="checkbox"/>        |
| N.º*            |  |                                   | Expiration date* <input type="text"/> |

### Contact details | Required to deliver benefits and inform about institute activities

|          |                      |                                   |                                |                             |
|----------|----------------------|-----------------------------------|--------------------------------|-----------------------------|
| Email 1* | <input type="text"/> | Telephone 1* <input type="text"/> | Area code <input type="text"/> | Number <input type="text"/> |
| Email 2  | <input type="text"/> | Telephone 2 <input type="text"/>  | Area code <input type="text"/> | Number <input type="text"/> |

### Billing data | Required for issuing invoices and receipts with tax identification

|                        |  |   |                      |
|------------------------|--|---|----------------------|
| Name (Person/company)* | <input type="text"/>                   |   |                      |
| Address                | <input type="text"/>                   |   |                      |
| Postal Code*           | <input type="text"/>                   | Country   | <input type="text"/> |
| VAT Number*            | <input type="text"/>                   |   |                      |
| Payment Mode*          | Semester <input type="checkbox"/>      | Annual <input type="checkbox"/>   |                      |
| Payment Method*        | Bank transfer <input type="checkbox"/> | Payer's Name  | <input type="text"/> |
|                        | Paypal <input type="checkbox"/>        | Paypal account email  | <input type="text"/> |
|                        | ATM <input type="checkbox"/>           | (by checking this option you will receive an ATM Reference to make the payment) |                      |

### Professional Data | Supplementary data that help us improve our service

|                                 |                      |
|---------------------------------|----------------------|
| Profession                      | <input type="text"/> |
| Basic Training                  | <input type="text"/> |
| Activity sectors where you work | <input type="text"/> |

### General Data Protection Regulation

I declare that I was informed that the personal data contained in this form will be processed by the Business Case Institute® represented by Renato Lopes da Costa, who can be contacted at [info@businesscaseinstitute.org](mailto:info@businesscaseinstitute.org) or by letter to the address identified in the footer.

In particular, I was informed that:

- The purpose for collecting the data contained in this form is specifically identified in each section.
- All data is collected and processed under number 1, paragraph b) of Article 6 of the GDPR;
- Data for invoicing is transmitted to the Accounting Office;
- All data identified as mandatory is permanently preserved. The remainder are maintained for up to 3 years after the member ceases to be;
- As data subject I have the right to request access to it, to request its rectification, and also the right to complain to the National Data Protection Commission ([www.cnpd.pt](http://www.cnpd.pt)).

Date\*

Signature\*

Handwritten  
or  
Digital

All fields marked with \* are mandatory

All fields marked with \* are mandatory

INTERNAL  
USE

Reception Date:

Handled by:

Member N.º

Comments:

