

## **APPLICATION FORM**

## INDIVIDUAL

|   |                      |                      | 5                       | TUDENT   | PROFESSIONAL        |  |  |                               |               |  |  |  |  |
|---|----------------------|----------------------|-------------------------|--|---------------------|--|--|-------------------------------|---------------|--|--|--|--|
|   |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Identification data   1   | Required for unambig | guous identification | of the member           |  |                     |  |  |                               |               |  |  |  |  |
| Full Name*  |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Short Name Identification*  |                      |                      |                         | (For anonymous identification in communications) |                     |  |  |                               |               |  |  |  |  |
|   | Citizen Card         | Passpo               |                         | Other  |                     |  |  |                               |               |  |  |  |  |
|   | N. <sup>0</sup> *    |                      | Expira                  | ation date*                                      |                     |  |  |                               |               |  |  |  |  |
| Contact details   Required to deliver benefits and inform about institute activities  |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Email 1*<br>Email 2   |                      |                      |                         | Telephone 1*8                                    | Number<br>Number    |  |  |                               |               |  |  |  |  |
|   |                      |                      |                         | Telephone 2                                      | N                   |  |  |                               |               |  |  |  |  |
| Rilling data   Paguired   | for issuing invoices | and receipts with t  | av identification       |  |                     |  |  |                               |               |  |  |  |  |
| Billing data   Required for issuing invoices and receipts with tax identification  Name (Person/company)*   |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Address   | у)                   |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Postal Code*  |                      |                      |                         | Cou  | intry               |  |  |                               |               |  |  |  |  |
| VAT Number*   |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Payment Mode*   | Semester             | Anual                |                         |  |                     |  |  |                               |               |  |  |  |  |
| Payment Method*   | Bank transfer        | Payer                | 's Name                 |  |                     |  |  |                               |               |  |  |  |  |
|   | Paypal               | Paypal accou         | nt email                |  |                     |  |  |                               |               |  |  |  |  |
|   | ATM                  | (by checking thi     | s option you will recei | ve an ATM Reference t                            | o make the payment) |  |  |                               |               |  |  |  |  |
| Professional Data   Supplementary data that help us improve our service   |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Profession  |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Basic Training  |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| Activity sectors where you work   |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
| General Data Protection Regulation  Date*   |                      |                      |                         |  |                     |  |  |                               |               |  |  |  |  |
|   |                      | 6 301                | Signature*              |  |                     |  |  |                               |               |  |  |  |  |
| 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 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). |                               |               |  |  |  |  |
|   |                      |                      |                         |  |                     |  | the right to complain to the National L  | odd i fototion oominission (w | ттт.опри.рту. |  |  |  |  |



INTERNAL USE







