

APPLICATION FORM

CORPORATE

			SILV	'ER	BRONZE	GOLD
Representative details Required for unambiguous identification of the member and institutional contacts						
Full Name*						
Short Name	(For anonymous identification in communications)					
Identification*	Citizen Card	Passport		Other		
	N. ⁰ *		Expiration	on date*		
Email 1*			Т	elephone 1*	Number	
Email 2			T	elephone 2	Area	
Position in the company	*					
Evidence*	Statutes Pe	rmanent certif	icate Other	(which one?)		
Billing data Required for issuing invoices and receipts with tax identification						
Company*						
Address						
Postal Code*					Country	
VAT Number*						
Member Category	Required for delivery	of associated	l benefits and member	ership fæmin	g	
Category*	Corporate BRONZE 2 Professionals and 1 Company					
	Corporate SILVER 3 Professionals and 2 Company					
	Corporate GOLD 5 Professionals and 3+ Company					
Payment Mode*	Semester	Anual				
Payment Method*	Bank transfer	Payer's	Name			
	Paypal	Paypal account email				
	ATM	(by checking this option you will receive an ATM Reference to make the payment)				
General Data Protection Regulation			Date*			
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			Signature* Handwritten or Digital			
section. • All data is collected and processed und • Data for invoicing is transmitted to the A • All data identified as mandatory is perm up to 3 years after the member ceases to be • As data subject I have the right to reque the right to complain to the National Data P	er number 1, paragraph b) of Article Accounting Office; anently preserved. The remainder e; st access to it, to request its rectif	e 6 of the GDPR; are maintained for lication, and also	Digital			
Reception Date: Hand	led by: Mem	nber N.º	Comments:			









