



## CONSENT FOR STORAGE OF PERSONAL DATA

Photograph to be  
pasted here

PREFERRED TEST LOCATION\*:

TEST MODULE AND VERSION\*:

Last Name \*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(Name as required on Certificate)

Company Name (If Applicable): \_\_\_\_\_

Address\*: \_\_\_\_\_

(Please\* mention complete and accurate address for dispatch of certificates and future communication)

Country \*: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

(Please mention only 1 active Email ID. **ALL COMMUNICATION FROM SAP EDUCATION WILL BE SENT TO THE EMAIL ID MENTIONED IN THIS FORM.** No changes / update to the mail ID will be accommodated)

Are you already a Certified SAP Consultant? or If you have appeared for certification earlier.

If yes, Please provide your Certificate Number

*In order to fulfill SAP responsibilities pertaining to Any SAP Certification Program, the personal data of participants must be maintained in a database at SAP AG accessible by SAP subsidiaries including among others, Learning Solutions.*

*The purpose of the database is to facilitate the processing of the certification of program participants and for maintaining their certification status.*

*Data may be used for SAP's internal purposes, such as maintaining a mailing list for the distribution of technical information to participants and for verifying individual status. Additionally, the certification status of certified individual will be available to other party upon legitimate request.*

*For Certification fees please mail-tulasi.ram@sap.com*

*Cancellation policy is applicable. For details please mail Tulasi.ram@sap.com*

**I consent SAP to the processing of my personal data for the above-listed purposes.**

Name\*: \_\_\_\_\_ Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

- x **FIELDS MARKED WITH “\*” ARE MANDATORY FIELDS. THE FORM WILL BE CONSIDERED INCOMPLETE IF THESE FIELDS ARE NOT DULY FILLED IN.**