**Private details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |       | Personal Public Service (PPS) |       |
| Postal address |       | Postcode/City |       |
| Phone |       | Mobile |       |
| E-mail |  |

**Company details** **Billing details (if different)**

|  |  |  |  |
| --- | --- | --- | --- |
| Company |       | Company |       |
| Tax Reference Number (TRN) |       | Tax Reference Number (TRN) |       |
| Postal address |       | Postal address |       |
| Postcode/City |       | Postcode/City |       |
| County |       | Invoice heading |       |
| Purchase no. |  |  |  |
| Phone/mobile |       |
| E-mail |       |

The requirements that must be satisfied are the RISE Certification Rules for Innovation management professionals.

**Publication**
The contact and certificate details of certified persons are published on the RISE Certification website.

[ ]  **I consent to publication** [ ]  **I do NOT consent to publication**

**Consent**
By signing this application, you consent to RISE handling your personal data in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR). RISE will share personal data with external companies involved in the application and examination process. For other contractual terms and conditions, see "General terms and conditions for personal certification" on the RISE website.

Please be informed that personal data will be shared with NSAI for purposes related to the specified service, in accordance with GDPR regulations.

|  |  |  |
| --- | --- | --- |
| **I consent to the above** |  |  |
|  |  |  | **Signature** |
|  |  |  |
| **Place and date** |  |  | **Printed name** |