

REGISTRATION FORM - INFORMATION ON THE PROCESSING OF PERSONAL DATA md 020.11
(fill in a form for each participant and send via fax to n° +39 0341 641550 or via email to formazione@kong.it)

PARTICIPANT NAME AND SURNAME _____

PLACE AND DATE OF BIRTH _____

TAX CODE (personal) _____

COURSE _____ DATE _____ LOCATION _____ FEE € _____

Authorized by

COMPANY NAME _____ VAT NUMBER _____

COMPANY ADDRESS _____ ZIP CODE _____ CITY _____

TEL/FAX _____ EMAIL _____ SDI CODE _____

In signing this form, the participant/company certifies to be in possession of a valid psychophysical certificate attesting the suitability to the course work condition.

PROTECTION OF PERSONAL DATA PROVIDED BY EU REGULATION 2016/679, UNDER THE D. LGS.196/2003 AND MODIFICATIONS (D.LGS 101/2018)

Article 13 of the EU regulation 2016/579 , we inform the customer that:

- 1) Personal data provided for contractual reasons will be held at the headquarters for the purposes of storage, processing, documentation and business.
- 2) Treatment may be with or without the use of electronic tools as for art.4 paragraph 2 of EU regulation 2016/679.
- 3) The conferment of data is required for the conclusion of the sale.
- 4) The absence of data prevents the conclusion of the contract.
- 5) Dissemination will be in business or related to our company for the activities identified in paragraph 1 , as well as for related and support activities (logistics, transport, information systems, promotional activities, insurance and credit protection).
- 6) Data supplied may be shared with office workers and administrative staff.
- 7) The provider is entitled to exercise their rights under Art. from 15 to 22 of EU regulation 2016/679.
- 8) No data collected will be used for other purposes than those mentioned above and will be retained for the period necessary to achieve the same. After that time, the data will be erased or transformed into anonymous data. For detailed data on purchases and services, storage times will not exceed those established by law.
- 9) The data controller is Kong S.p.A. Via XXV Aprile n. 4, 23804 MONTE MARENZO LC, tel. 0039341630506.

The Processor
KONG SPA

I AUTHORIZE

the processing of personal data (as for the above information)

 I agree I don't agree

the sending of advertising material

 I agree I don't agree

having achieved the necessary skills, the participant is interested in carrying out PPE inspection for other companies (cross if interested and only for PPE Inspector Course).

For all courses with the exception of the PPE Inspector course, IRATA course, COUDOU PRO course, we suggest that you bring your own PPE, if already in possession, and functional clothing and footwear for training. If PPE is not suitable, the organization will provide it..

Participant's signature _____ Company signature _____ Date _____