

# LEVEL I TRAINING

Application  
form for Authorised Service  
Provider training

Training date	
Participant's name and surname	
Full company name	
Place	
Postal code	
Street	
NIP (TIN)	
Telephone	
e-mail	
website address	
Other information	

I hereby consent to the processing of my personal data included in this document for the recruitment process in accordance with the Act of the 10th of May 2018 on the Protection of Personal Data (Polish Journal of Laws Dz. U. of 2018, item 1000) and the Regulation (EU) 2016/679 of the European Parliament and of the Council of the 27th of April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (GDPR).

If the application is withdrawn at a later date than the 7th day preceding the training, the applicant will be charged 30% of the order value. Cancellation of application requires a written form.

Upon notification, another person may participate in the training in place of the original applicant

.....  
date and location

.....  
company stamp

.....  
signature of the Applicant

Participation in the training is confirmed by means of transferring the remuneration to the company's account 7 days before the start of the training:

BANK **Pekao S.A.**

Account number: **72 1240 5787 1111 0000 5757 7706**

Transfer title: **Training I**