

# Declaration of Consent

## Charlemagne Prize 2024

### PERSONAL DATA<sup>1</sup>

Gender:

☐ female      ☐ male      ☐ Prefer not to say

Surname:

Maiden name (if applicable):

Previous names (if applicable):

First name (given name):

Additional first names (if applicable):

Date of birth:

Place of birth:

Country of birth:

### RESIDENTIAL ADDRESS

Street and house number:

Postal code and place of residence:

State:

Country:

### IDENTIFICATION DATA<sup>2</sup>

Nationality:

Type of ID card:

ID card number:

ID card valid until:

issuing authority:

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<sup>1</sup> All fields must be completed in PRINT LETTERS, with the exception of the fields maiden name, previous names and other first names, if indeed not applicable.

<sup>2</sup> The above-mentioned ID card must be presented when collecting the accreditation from the issuing accreditation office.

During the Charlemagne Prize ceremony I will be working for the following company / service provider:

Role / Function:

Company name:

Street and house number:

Postal code and place / city:

### **Personal declaration**

I hereby consent to the personal data listed above being transmitted to the organizer.

Furthermore, I agree that the data listed in the data privacy information may be transmitted to the security authorities named therein and that a background check of my person may be carried out.

I consent to the processing of my data in accordance with the attached data privacy information. I have been given the data privacy information and have personally taken note of it.

I am also aware that the organizer may reject my application for accreditation without giving reasons.

If I am accredited, this declaration of consent will be deleted three months after the end of the event; if my accreditation is refused, the declaration of consent and the information collected for this accreditation procedure will be deleted twelve months after the event.

First name and surname (in PRINT LETTERS)

Place, Date

Handwritten signature