



CERTIFICATE OF EXPERIENCE LABOR OR PROFESSIONAL

(It must be issued on corporate paper of the company issuing the certificate. This is a model indicative, it will be prepared adjusting it to the reality of the existing relationship)

The one below signing (name	and surname)	
with ID number	, in my capacity as (position held in the com	npany, attorney, administrator,
	of the identity (full name of the	
	, with NIF number	domiciled at
	, list address, town , CP, pr	
	the organization, especially if it carries out mass	
I NOTE		
That Mr / Ms (full name of the	DPD candidate)	, with ID
number, h	as currently collaborated / collaborates (select t	the appropriate situation) in the
process of implementation, tr	aining and proactive monitoring of our data pro	otection processes (in case it wi
be carried out for the compar	y itself) or in projects of our clients (for cases of	external service).
The provision of data protecti	on services began in the month of	of the year and
	onth of of the year	or the year and
ended (ii completed) in the m	of the year	
During this period of time (sp	ecify the activities) he has advised us and carrie	d out the documentary and
formative implementation pro	ocess, in accordance with Organic Law 15/1999,	of December 13, on Data
Protection. And, as of the entr	ry into force of the General Data Protection Regi	ulation (EU) 679/2016. His work
consisted of advising us, train	ing us and making the adaptation of data prote	ction in accordance with the
new regulations. In summary,	his work has consisted of:	

- Create Data Processing Activity Record.
- Adapt the Privacy Policy of our website, especially the online exercise of the rights of the interested parties, the data collection forms and cookies.
- New contracts for treatment managers and review of existing ones.
- Confidentiality documents of the personnel involved in the treatment.
- Adaptation of the data collection documents, especially the writing of the informed Consents.
- Adaptation of the processes made available to the interested parties for the exercise of their rights.
- Risk Analysis and, in those treatments that require it, elaboration of Impact Assessment.
- Training of personnel in data protection.
- Preparation of the security bankruptcy notification procedure.
- Review of existing processes in accordance with the LOPD and their adaptation to the RGPD.

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If you have participated in external projects, specify in the following table that it will be verifiable with customer certifications.

	Period	Hours of dedication	Company / Organization etc	Activities. (Specify each activity)
1	Eg FEBRUARY 2018-MARCH 2019	Ex. 100 hours		Eg Adaptation to the RGPD, EIPD, etc.
2				
3				
4				

^{*} As many rows as required can be added.

Of the participation in the activities company) in accredits an experience in the funall of this (the company) accurate identifying the profession developing those services with the of data before the corresponding	t must be concluded continued to the Data P can requal to the clients that e sole purpose of ac	that (the candidate rotection Delegate uest - at the reques at are required in wl crediting their profe	e)of more than of more than it of ANF - the certifica hich they are or have l	years. From tes that are been
On, on	of	_, 2019		
Signed and sealed				