

DATA PROTECTION OFFICER

1. Type of Application

Certification (initial)

Renewal

2. Personal Data

Name	Surname	DNI	Birth Date
Current Situation	Position or Title	E-mail	
Direction	Number	Floor/Door	Mobile
Postal Code	Location	Province	Country

3. Professional Data for publication in the ANF AC portal and in APP RED DPD

Landline phone	Cell phone	E-mail
Province	Business Address	

Important:

If you wish, you may publish further commercial information associated with your activity by attaching a document. Please check the box associated with this item to acknowledge my request to publish this information.

4. University Academic Data

Title	Center	Year
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Other information of interest in ANNEX. Do not forget to attach supporting documentation.

5. Training in the field of Data Protection

Title	Quantity	Type	Center	Year
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Other information of interest in ANNEX. Do not forget to attach supporting documentation.

6. Work Experience in the Certification Field

Company	Title / Position	Start	End
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Other information of interest in ANNEX. Do not forget to attach supporting documentation.

7. The applicant undertakes to

1. Comply with the relevant provisions of the ANF AC Certification Entity.
2. Provide any information necessary for the evaluation of your application. Information in Spanish.
3. Provide information regarding prerequisites: experience and training, supported by original and not manipulated supporting documents, as well as detailed curriculum.
4. Provide truthful information. Providing false information or documentation may lead to definitive rejection and new applications will not be accepted.
5. Do not disclose examination materials or engage in fraudulent practices.

6. Inform the Certification Body of changes in its ability to meet certification requirements.
7. Do not use the certification in a misleading, unauthorized manner or in a way that discredits ANF AC as Certification Entity.
8. In the event that the Certification is suspended or withdrawn, not to make any statement relating to it and return the Certificate and professional card.
9. Pay the current fees before processing the application, attaching proof of payment.
10. Keep the existing data in ANF AC as Certification Body updated. Especially the email address and cell phone number, which are trusted mailbox that I consult daily for communication purposes.
11. I authorize, as long as I pass the Certification process as Data Protection Officer, ANF AC to publish on its website and in the Red DPD application, the professional data provided in this form and in the attached ANNEXES.
the attached ANNEXES.

Failure to comply with these rules could result in expulsion from the Certification process.

The applicant **ACKNOWLEDGES AND AGREES** to the following

The information regarding the Certification/Renewal process, Rules of use of the Scheme's mark, ANF AC Code of Conduct, Code of Ethics of the Scheme, and other documents published by ANF AC as Certification Entity, as well as the fees published on the portal of the Certification Service of ANF AC , www.anf.es and available at our offices in Barcelona. Likewise, I declare to know the certification process described in the Certification Scheme of the AEPD-DPD and agree to undergo the evaluation tests.

At

a

from

from

Signature of Applicant

If the procedure is carried out telematically, it must be signed with a current qualified electronic certificate.

8. Legal Notice

The applicant is informed that he/she may request that his/her special needs be taken into account, which will be studied by ANF AC, and attended to the extent of its possibilities.

Anf Autoridad de Certificación - ANF AC, is the owner of the portal www.anf.es and of the personal database generated, under its control and supervision, which contains the information provided in this form and ANNEXES. We remind you that if you wish to restrict all or part of the information included in this form, you can attach an ANNEX specifying instructions in this regard. I check the box associated with this item for the purpose of making a record on this form.

La información y documentación aportada por el solicitante, podrá ser revisada y contrastada a efectos de valoración a los que ANFAC , como Entidad de Certificación está obligada. Nuestra política de privacidad respeta la legislación vigente en materia de servicios de la sociedad de la información y de protección de datos de carácter personal, particularmente, el Reglamento General de Protección de Datos (RGPD) y demás normativa aplicable en la materia. Política de Privacidad disponible en www.anf.es.

Se le notificará por correo electrónico del resultado de la evaluación de la solicitud. Si se considera que la información no está completa, dispondrá de diez días hábiles para subsanar. Transcurrido ese plazo sin subsanar la deficiencia requerida, se declarará "no admitido". Dispone de un procedimiento de "quejas y apelaciones", que le permite tramitar su disconformidad con el resultado final de la evaluación, disponible en www.anf.es.

[Read](#)

9. Additional documentation to be provided

The application form, together with the required supplementary documentation, may be submitted electronically or on paper by mail:

a) In case of processing by pdf form, you must sign it electronically (current qualified electronic certificate), attach the documents related to the prerequisites, and send it by email to rtsc@anf.es

b) If the option chosen is paper, send the documents by certified mail to one of the following addresses:

- G.V. Corts Catalanes, 996, floors 3 and 4 - Barcelona - 08018

CERTIFICATION

The applicant must attach the following documentation to the application form:

- Photocopy of ID card .
- Detailed curriculum (available in a standardized model).
- Document accrediting professional qualifications.
- Certificate of work or professional experience.
- Training certificate (if you are applying for one of the training itineraries).
- Proof of payment of fees.

RENEWAL

The applicant must attach the following documentation to the application form:

- Photocopy of ID card
- Declaration of not having incurred in professional infractions.
- Report of work performed
- Signed Code of Ethics
- Training certificate
- Proof of payment of fees

10. Important

The Applicant DECLARES that:

1. If you are or have been temporarily or definitively suspended from the exercise of a professional activity, check the box associated with this item and attach a detailed statement in this regard.
2. If you have received claims for defective actions regarding data protection, or if the Data Controllers to whom you provide services have been sanctioned for violations committed, please attach a detailed list and information to this form. I check the box associated with this point in order to record the inclusion of an informative document.
3. In case of having a professional, personal or family relationship with ANF AC personnel, or with members of the Committee of Experts, or evaluators or supervisors of ANF AC. I check the box associated with this point in order to record the inclusion of an informative document.

At

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from

from

Signature of Applicant