



# Certified Marketing Professional (CMP®) Certification

## Application Form

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Surname

First Name/s

MI

Nickname: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Company Email: \_\_\_\_\_ Office Number: \_\_\_\_\_

### ACADEMIC QUALIFICATION

University: \_\_\_\_\_

Course: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

### REQUIRED DOCUMENTS

Please provide soft copy for the following:

1. Resume (*Word or PDF* format)

### DATA PRIVACY:

Upon signing this form you are agreeing that the personal data obtained from the registration form entered and stored within the Institute's authorized information and communications system and will only be accessed by the SMI authorized personnel. Furthermore, the information collected and stored in this form shall only be used for the following purposes:

- Announcements / promotions of events, programs, courses and other activities offered / organized by the Institute and its partners;
- Activities pertaining to establishing relations with participants/members/alumni;
- SMI Philippines has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- SMI Philippines shall not disclose the participants/members/alumni personal information without their consent and shall retain this information over a period of ten years for effective implementation, research analytics, and management.

### CONFIRMATION

I hereby certify that I have read and accepted all the terms and conditions stated in this registration form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE