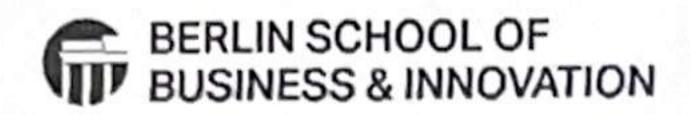


Contact & Emergency Information Form

STUDENT INFORMATION:		
Name:	Sidharth Gopalakrishna M	enon
Student ID Number:	Q1091180	
Current Home Address in Hamburg:		
Or tick here if you do not have a Hamb	0405/7400440	
Current Phone Number (including coun	sidharth46.menon@	
Current Email Address:		
IN CASE OF EMERGENCY PLEAS	SE CONTACT:	
	SE CONTACT: Secondary Contact Name	: Isala Menon
IN CASE OF EMERGENCY PLEAS Primary Contact Name:	SE CONTACT: Secondary Contact Name Va	
IN CASE OF EMERGENCY PLEAS Primary Contact Name: Karthik G Menon Relationship: Broth	SE CONTACT: Secondary Contact Name Va	Mother



	nts
special medical or	personal information, allergies etc.):
VI same to BE	RLIN SCHOOL OF BUSINESS AND INNOVATION GMBH collecting, processing, and
Using my per	sonal data (name and contact information) to be able to share this data with my
contact ners	one in the case of an emergency.
I have the co	point of the provided contact persons to share their personal data (name, relationship,
phone numbe	r, email address) with BERLIN SCHOOL OF BUSINESS AND INNOVATION GMBH so
they are able	to contact them in case of an emergency.
	can be revoked at any time.
This concon	. Call be revoked at any times

Student Signature

Date