



**Name and address of the candidate who has received this SAP certification.**

**Aspirant Name**

Address Line 1

Address Line 2

Address Line 3

Address Line 4

**Name and address of the SAP entity that has issued this SAP certification.**

**SAP Entity**

Address Line 1

Address Line 2

Address Line 3

Address Line 4

**Date of issue of the SAP certification.**

Month/Day/Year

PT Number

**Confirmation of Registration**

8-digit certification reference number prefixed by the characters 'ET'.

ETXXXXXXXX

Date of booking of the certification exam.

Month/Day/Year

10-digit PT number that begins with the numbers '00'.  
00XXXXXXXX

|                                   |   |            |
|-----------------------------------|---|------------|
| Phone                             | : |            |
| Education Adviser                 | : |            |
| Fax                               | : |            |
| 10-digit customer account number. | : | XXXXXXXXXX |
| 9-digit reference number.         | : | XXXXXXXXXX |
| PO Number                         | : |            |
| Contract No.                      | : |            |

**Thank you for choosing SAP. We are pleased to confirm the following registration:**

**Certification name starting with the characters 'CER', identifying the SAP module/course attended.**

CERXXX\_XX SAP Certification Exam, Six At

**Language that the course was delivered in.**

English

**License Period that specifies the validity of this certification.**

Month Day, Year - Month Day, Year

**Delivery Method that specifies if the course was instructor-led training or self-paced training.**

SAP Cloud Certification

Yours Sincerely,

**SAP Training and Adoption**