

# REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA

Form DPG 1

**Instructions:**

- Documentary evidence in support of the application shall be required
- Please note that if you are making this request on behalf of someone else you will need to supply your information, their information, evidence of their identity and some form of proof (for example a signed letter of authority, power of attorney or some other evidence that you are their legal representative) that you have the authority of the person whose data you are seeking to access.
- All fields with (\*) are mandatory

Part I: Nature of the Request\*

- Restriction
  Objection

Part II: Details of the Data Subject\*

Name:	
ID / Passport No.	
Phone No.	
Address:	
Email Address:	

Provide the following details where making a request on behalf of a minor or a person who has no capacity:

Name:	
Relationship with data subject:	
Contact Information:	

Part III: Reason for the Request

*Describe the reason for the request and the personal data requested*

- I certify that the information given in this application is accurate to the best of my knowledge

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Signature

Date

# REQUEST FOR ACCESS TO PERSONAL DATA

Form DPG 2

**Instructions:**

- Documentary evidence in support of the application shall be required
- Please note that if you are making this request on behalf of someone else you will need to supply your information, their information, evidence of their identity and some form of proof (for example a signed letter of authority, power of attorney or some other evidence that you are their legal representative) that you have the authority of the person whose data you are seeking to access.
- All fields with (\*) are mandatory

**Part I: Details of the Data Subject\***

Name:	
ID / Passport No.	
Phone No.	
Address:	
Email Address:	

Provide the following details where making a request on behalf of a minor or a person who has no capacity:

Name:	
Relationship with data subject:	
Contact Information:	

**Part II: Details of the Personal Data Requested**

*Describe the personal data requested*

Part III: Mode of Access

I would like to: (check all that apply)

- Inspect the record
- Listen to the record
- Have a copy of the record made available to me in the following format:
  - photocopy (*Please note that copying costs will apply*). Number of copies required: .....
  - electronic
  - transcript (*Please note that transcription charges may apply*)
  - other (specify) .....

Part IV: Delivery Method

- Collection in person
- mail (provide address where different / in addition to details provided above)  
Town/City: .....
- by e-mail (provide email address where different / in addition to details provided above): .....
- I certify that the information given in this application is accurate to the best of my knowledge

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Signature

Date

# REQUEST FOR RECTIFICATION TO PERSONAL DATA

Form DPG 3

## Instructions:

- Documentary evidence in support of the application shall be required
- Please note that if you are making this request on behalf of someone else you will need to supply your information, their information, evidence of their identity and some form of proof (for example a signed letter of authority, power of attorney or some other evidence that you are their legal representative) that you have the authority of the person whose data you are seeking to access.
- All fields with (\*) are mandatory

## Part I: Details of the Data Subject\*

Full Name:	
Birth Certificate/ Notification/ Huduma No/ ID / Passport No.	
Phone No.	
Email Address:	

Provide the following details when making a request on behalf of a minor or a person who has no capacity:

Name:	
Relationship with data subject:	
Contact Information:	

## Part II: Person Initiating This Request

Full Name:	
Birth Certificate/ Notification/ ID / Passport No.	
Phone No. / Email Address:	

Part III: Proposed Change(s)

	Personal Information currently on file to be corrected <i>e.g., name, residential status, and mobile number, email address.</i>	The Proposed Change	Reason for the proposed change
1.			
2.			
3.			
4.			
5.			

Part IV: Declaration

Any attempt to gain access to personal information through misrepresentation may result in prosecution.

- I certify that the information given in this application is accurate to the best of my knowledge

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Signature

Date

# DATA PORTABILITY REQUEST FORM

Form DPG 4

## Instructions:

- Documentary evidence in support of the application shall be required
- Please note that if you are making this request on behalf of someone else you will need to supply your information, their information, evidence of their identity and some form of proof (for example a signed letter of authority, power of attorney or some other evidence that you are their legal representative) that you have the authority of the person whose data you are seeking to access.
- All fields with (\*) are mandatory

## Part I: Requestor Details

(This section includes details of the Data Subject / submitting this request.)

Are you the Data Subject? \*

Yes

No

If you are the data subject, please enclose evidence of your identity with this form.

*Acceptable forms of identity are copies of either: National Identity Card, Passport; or Birth certificate*

## Part II: Details of the Data Subject

(This section includes details of the individual whose personal data is requested)

NB: A separate form must be completed for each data subject.

Title	
Full Name: *	
Current Address *	
Phone No.	
Email Address: *	
Date of Birth:	

Part III: Details of the request

Case Reference ID:	
Who should we provide the requested personal data to? *	
Requestor, as indicated in Part I above	
Data Subject, as indicated in Part II above	
Other Party	

Please provide any relevant information that will help us identify and specifically locate your

personal data

Part IV: Declaration

Any attempt to gain access to personal information through misrepresentation may result in prosecution.

- I certify that the information given in this application is accurate to the best of my knowledge. I hereby request under the provisions of the Data Protection Act,2019 provide a portable/ copy of personal data.

Signature

Date



# REQUEST FOR ERASURE FORM

Form DPG 5

## Instructions:

- Documentary evidence in support of the application shall be required
- Please note that if you are making this request on behalf of someone else you will need to supply your information, their information, evidence of their identity and some form of proof (for example a signed letter of authority, power of attorney or some other evidence that you are their legal representative) that you have the authority of the person whose data you are seeking to access.
- All fields with (\*) are mandatory

## Part I: Details of the Data Subject / Person Requesting Information \*

Full Name:	
Address:	
Phone No.	
Email Address:	

## Part II: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

- YES: I am the data subject. I enclose proof of my identity (see below). (Refer to Part IV)
- NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (refer to Part III)

*Acceptable forms of identity are copies of either: National Identity Card, Passport; or Birth certificate*

If we, (data controller or data processor), are not satisfied, you are who you claim to be, we reserve the right to refuse to grant your request.

Part III: Details of the data subject (if different from Part I)

Full Name:	
Address:	
Phone No.	
Email Address:	

Part IV: Reason for erasure request

Given the sensitive nature of erasing personal data, the Data Protection Act, 2019 requires certain conditions to be met before a request may be considered. Please supply us with the reason you wish your data to be erased and please attach any justifying documents to this one.

Please tick the appropriate box:

- You consider your personal data is no longer necessary for the purposes for which we originally collected it.
- You no longer consent to our processing of your personal data.
- You object to our processing of your personal data as is your right under section 36 of the Data Protection Act, 2019.
- You feel your personal data has been unlawfully processed.
- You feel we are subject to a legal obligation of a Member State that requires the erasure of your personal data.
- You are a child, you represent a child, or you were a child at the time of the data processing, and you feel your personal data was used to offer you information society services.

PART V: What information do you wish to erase?

Please describe the information you wish to erase. Please provide any relevant details you think will help us to identify the information.

Also, please explain, if it is not abundantly clear, **why the linked page** is about you or the person you are representing on this form.

Please note that, in certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in public health, act against the public interest in scientific or historical research, or prohibit the establishment of a legal defence or exercise of other legal claims, a request may be declined and given full reasons for that decision.

#### Part VI: Declaration

Any attempt to mislead may result in prosecution.

- I certify that the information given in this application is accurate to the best of my knowledge

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Signature

Date