



DATA SUBJECT REQUEST FORM

Mark the appropriate box with an 'X' and complete only the relevant sections of this form:

- Objection to processing of personal information.
- Request to correction/ deletion of personal information.

A. THE DATA CONTROLLER

Name: Pacis Insurance Company Limited

Physical Address: Pacis Centre, 4th Floor, P.O BOX 1870-00200, Nairobi, Kenya

Email address: info@paciskenya.com

B. THE DATA SUBJECT

The particulars of the data subject who the request pertains to must be recorded below.

Proof of capacity in which the request is made must be attached e.g copy of identity or passport, Affidavit, certified copies must not be older than three months.

Full name & Surname: _____

ID/ Passport number: _____

Indicate preference on how you would like to be contacted (You can choose 1 or multiple options):

- Physical address
- Telephone/ Mobile number
- Email address

Is the request being made on behalf of the data subject?

Yes

No

C. DETAILS OF PERSON MAKING REQUEST ON BEHALF OF DATA SUBJECT

(This section must only be completed if the request is being made on behalf of the data subject)

Full name & Surname: _____

ID/ Passport number: _____

Preference on how you would like to be contacted (You can choose 1 or multiple options):



Physical address

Telephone/ Mobile number:

Email address:

D. REASONS FOR OBJECTING TO PROCESSING OF PERSONAL INFORMATION & PARTICULARS OF THE PERSONAL INFORMATION TO WHICH THE REQUEST RELATES

(This section is only to be completed if you are objecting to the processing of personal information)

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E. REASONS FOR THE REQUEST TO CORRECT PERSONAL INFORMATION AND THE DESCRIPTION OF THE PERSONAL INFORMATION RECORDS TO WHICH THE REQUEST RELATES

(This section is only to be completed if you are requesting the correction of personal information in the possession or under the control of the data controller)

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F. REASONS FOR THE REQUEST TO DELETE/ DESTROY PERSONAL INFORMATION AND THE DESCRIPTION OF THE PERSONAL INFORMATION RECORDS TO WHICH THE REQUEST RELATES

(This section is only to be completed if you are requesting the deletion/ destruction of personal information in the possession or under control of the data controller, where the data controller is no longer authorized to destroy the record)

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G. NOTICE REGARDING THE REQUEST MADE ON THE PROCESSING OF YOUR PERSONAL DATA

You will be notified via your preferred mode of contact whether your request has been approved/ denied (and the reasons for denial, if denied).

Signed by..... this..... day of.....
20.....

SIGNATURE OF DATA SUBJECT

SIGNATURE OF AGENT ACTING ON BEHALF OF DATA SUBJECT

Once completed, please submit this form along with any supporting documents to dataprotectionoffice@paciskenya.com