DATA SUBJECT REQUEST FORM

- **REQUEST TO RECTIFICATION 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 THE REQUEST TO RECTIFY PERSONAL INFORMATION AND THE DESCRIPTION OF THE PERSONAL INFORMATION RECORDS TO WHICH THE REQUEST RELATES

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E. 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