

DATA SUBJECT RIGHTS REQUEST FORMS

Instructions for completion

1. Select the appropriate form(s) for submission by ticking [] on the table below then proceed to the form to complete the details.
2. Once completed, please submit the form along with any supporting documentation to dpo@salaammfbank.co.ke or by delivery in person or postal mail to:

Salaam Microfinance Bank Limited

**C/o Data Protection Officer
 I&M Tower, 12th Floor
 Kenyatta Avenue
 P.O. Box 1654 – 00100
 Nairobi, Kenya**

N.B Data subject means any person whose information is being collected, processed and shared with the Bank.

LIST OF TABLES:

	FORM	TITLE	SUBMISSION
1.	FORM DPG 1 (r. 7 (2) & (r.8 (2))	Request for restriction or objection to the processing of personal data	
2.	FORM DPG 2 (r. 9(2))	Request for access to personal data	
3.	FORM DPG 3 (r.10 (2))	Request for rectification	
4.	FORM DPG 4 (r. 11 (2))	Request for data portability	
5.	FORM DPG 5 (r.12(2))	Request for erasure of personal data	

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FORM DPG 1

(r. 7 (2) & (r.8 (2))

REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA

Note

- i. *Documentary evidence in support of the objection may be required.*
- ii. *Where the space provided for in this Form is inadequate, submit information as an annexure (iii) All fields marked as * are mandatory*
- (iv) *Restriction is about limiting how the data is used, while objection is about stopping processing altogether. Restriction can be used in specific situations, like when the accuracy of data is disputed. Objection is more general, particularly strong against direct marketing.*

A. NATURE OF REQUEST

Mark the appropriate box with an "x".

Request for:

RESTRICTION

OBJECTION

A. DETAILS OF THE DATA SUBJECT

Name*:

Identity Number*:

Phone number*:

E-mail address*:

(Please provide proof of Identity i.e. Passport, national identity card, or birth certificate.)

(Your details below where initiating the request on behalf of a data Subject)

Name*: Relationship

with the Data Subject*:

Contact Information*:

(Please provide proof of the data subject's written authority and proof of the data subject's identity and own identity)

(For a minor or person who lacks capacity provide proof of guardianship)

B. REASONS FOR THE REQUEST

(Please provide detailed reasons for the restriction or objection)

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C. DECLARATION

I certify that the information given in this application is true

Signature Date

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FORM DPG 2
9(2))

(r.

REQUEST FOR ACCESS TO PERSONAL DATA

Note:

- i. *Documentary evidence in support of this request may be required.*
- ii. *Where the space provided for in this Form is inadequate, submit information as an annexure*
- iii. *All fields marked as * are mandatory*

A. NATURE OF REQUEST

(This section is to provide the details of the Data Subject).

Name*:

Identity Number*:

Phone number*:

E-mail address:

(Please provide proof of Identity i.e. Passport, national identity card, or birth certificate.)

(Provide the following details where making a request on behalf of a data subject)

Name*: Relationship

with the Data Subject*:

Contact Information*:

(Please provide proof of the data subject's written authority and proof of the data subject's identity and own identity)

(For a minor or person who lacks capacity provide proof of guardianship)

B. DETAILS OF THE PERSONAL DATA REQUESTED

(Describe the personal data requested)

C. 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)

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Other (specify).....

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D. DELIVERY METHOD

Collection in person

By 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)

E. DECLARATION

Note any attempt to access personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is true.

Signature Date **DPG 3**

(r.10 (2))

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REQUEST FOR RECTIFICATION

Fill as appropriate

Note:

- i. *Documentary evidence in support of this request may be required.*
- ii. *(ii) Where the space provided for in this Form is inadequate, submit information as an annexure*
- iii. *(iii) All fields marked as * are mandatory*

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the details of the Data Subject).

Name*:

Identity Number*:

Phone number*:

E-mail address:

(Provide the following details where making a request on behalf of a data subject)

Name*:

Relationship with the Data Subject*:

Contact Information*:

Signature Date

(Please provide proof of Identity i.e. Passport, national identity card, or birth certificate.)

(Please provide proof of the data subject's written authority and proof of the data subject's identity and own identity)

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B. PROPOSED CHANGE (S)

	<i>Personal data to be corrected e.g., name, residential status, and mobile number, email address etc.</i>	<i>Proposed change</i>	<i>Reason for the proposed change</i>
1.			
2.			
3.			
4.			
5.			

C. DECLARATION

Note any attempt to rectify personal data through misrepresentation may result in prosecution.

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature Date

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DPG 4

(r. 11 (2))

REQUEST FOR DATA PORTABILITY

Note:

- i. Documentary evidence in support of this request may be required.
- ii. Where the space provided for in this Form is inadequate, submit information as an annexure.
- iii. All fields marked as * are mandatory.

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the details of the Data Subject).

Name*:

Identity Number*:

Phone number*:

E-mail address:

(Please provide proof of Identity i.e. Passport, national identity card, or birth certificate.)

(Provide the following details where making a request on behalf of a data subject)

Name*:

Relationship with the Data Subject*:

Contact Information*:

(Please provide proof of the data subject's written authority and proof of the data subject's identity and own identity)

(For a minor or person who lacks capacity provide proof of guardianship)

B. DETAILS OF THE REQUEST

Please transfer a copy of my personal data to*:

By either:

- Emailing a copy to them at
- Mailing to (Please provide address)
- Others (Please specify)

C. DECLARATION

Note, any attempt to port personal data through misrepresentation may result in prosecution.

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

Signature Date

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FORM DPG 5

(r.12(2))

REQUEST FOR ERASURE OF PERSONAL DATA

Fill as appropriate

Note:

- i. *Documentary evidence in support of this request may be required.*
- ii. *(ii) Where the space provided for in this Form is inadequate, submit information as an annexure (iii) All fields marked as * are mandatory*

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the details of the Data Subject).

Name*:

Identity Number*:

Phone number*:

E-mail address:

(Please provide proof of Identity i.e. Passport, national identity card, or birth certificate.)

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

Name*: Relationship with the Data Subject*:

Contact Information*:

(Please provide proof of the data subject's written authority and proof of the data subject's identity and own identity)

(For a minor or person who lacks capacity provide proof of guardianship)

B. REASON FOR ERASURE REQUEST

(Tick the appropriate box)

a)	Your personal data is no longer necessary for the purpose for which it was originally collected.	
b)	You have withdrawn consent that was the lawful basis for retaining the personal data.	
c)	You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing	
d)	The processing of your personal data has been unlawful.	
e)	Required to comply with a legal obligation.	

C. PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased.

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D. DECLARATION

Note any attempt to access personal data through misrepresentation may result in prosecution.

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature Date

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