



# KENYA REINSURANCE CORPORATION LIMITED

## Data Privacy Notice Download Form

### 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. DETAILS OF THE DATA SUBJECT (This section is to provide the details of the Data Subject).**

Name:\*  Phone number:\*

Identity Number: \*  E-mail 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:

Phone number: \*  E-mail address:

**B. DETAILS OF THE PERSONAL DATA REQUESTED (Describe the personal data requested)**

**MODE OF ACCESS 1 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:**

**Internal – Controlled Copy:** Circulation Authorized by *ISO Management Representative*

Photocopy (Please note that copying costs will apply) number of copies required:

Electronic

Transcript (Please note that transcription charges may apply)

Other (specify)

**C. 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 above):

**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: .....