



KENYA REINSURANCE CORPORATION LIMITED

Data Privacy Notice Download Form

Request For Erasure of 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:

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;	<input type="checkbox"/>
b) You have withdrawn consent that was the lawful basis for retaining the personal data;	<input type="checkbox"/>
c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;	<input type="checkbox"/>

d) The processing of your personal data has been unlawful;	
e) Required to comply with legal obligation.	

REASON FOR THE ERASURE REQUEST (TICK THE APPROPRIATE BOX)

Describe the personal data you wish to have erased.

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

Signature:

Date: