



**UKRISTO NA UFANISI SACCO LTD.**

## DATA SUBJECTS RIGHTS REQUEST FORM

- (i) *Documentary evidence in support of this Form may be required.*
- (ii) *Where the space provided for in this Form is inadequate, submit information as an annexure*
- (iii) *The information you supply in this form will be used for information purposes only, to assist with responding to your request. For more information on how we collect, use and process personal data, our legal basis for such processing and your rights under the Data Protection Act, please see our Privacy Policy [available at <https://ukristonaufaniscoop.co.ke/data-policy> ]*

### DETAILS OF THE DATA SUBJECT/PERSON REQUESTING INFORMATION

Name: \_\_\_\_\_  
Surname First Name Middle Name

National ID/Passport No. : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Email Address: \_\_\_\_\_

#### A. ARE YOU THE DATA SUBJECT?

Please tick the appropriate box and read the instructions which follow it:

- YES: I am the data subject. I enclose proof of my identity (see below)
- NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity

Please provide a copy of one or both of the following:

- (i) Proof of identity i.e. Passport, National Identity Card or Birth Certificate
- (ii) Proof of address

**Note:** *If SACCO is not assured as to the proof of your identity, it reserves the right to decline your request.*

#### B. DETAILS OF THE DATA SUBJECT (IF DIFFERENT FROM SECTION A)

Name: \_\_\_\_\_  
Surname First Name Middle Name

National ID/Passport No. : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Email Address: \_\_\_\_\_

#### C. DATA SUBJECTS RIGHTS TO BE FULFILLED

Please choose the request you would like to submit:

- Request for Information
- Request for Access to Personal Data
- Request for Rectification/Correction of Personal Data
- Marketing Activities Request for Erasure/Deletion of Personal Data
- Request for Restriction or Objection to Processing of Personal Data



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**For the following sections E-I, complete only what is relevant based on the request you have chosen above.**

**D. REQUEST FOR ERASURE/DELETION OF PERSONAL DATA**

If you have requested for Erasure or Deletion of Personal Data, please tick below the appropriate reason for this request, and attach any justifying documents to this form:

- Your Personal Data is no longer necessary for the purpose for which it was originally collected
- You no longer consent to the processing of your Personal Data (you have to have given initial consent for the processing)
- You object to the processing of your Personal Data and there is no overriding legitimate interest to continue processing
- The processing of your Personal Data has been unlawful
- The erasure or deletion is required to comply with a legal obligation

Please describe the information you wish to have erased or deleted.

**Note:** In certain circumstances, where erasure would contradict a legal or contractual obligation, prohibit the establishment of a legal defense or exercise of other legal claims, act against public interest or adversely affect the freedom of expression, the request may be declined. UKRISTO NA UFANISI SACCO will communicate any such decision with reasons.

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**E. REQUEST FOR ACCESS- DESCRIPTION OF PERSONAL DATA REQUESTED**

*If you have requested for Access to Personal Data, please state all the information available to you which will assist in processing your request, and attach any justifying documents to this form.*

Name/Type of Record: \_\_\_\_\_

Date of Record (if known, actual or approximate) : \_\_\_\_\_

Subject/Contents of Record: \_\_\_\_\_

Please state any other details that may be relevant to the processing of the request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the requester is a person with disability, state the nature of disability (e.g. visual, hearing) and type of format in which the data should be provided \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I would like to:** (check all that apply)

- Inspect the record
- Have a copy of the record made available to me in the following format:
  - Photocopy (Please note that the copying costs may apply)
  - Number of copies required
  - Electronic
  - USB (Please note that the cost of USB will apply)
  - Other (Specify) \_\_\_\_\_



**UKRISTO NA UFANISI SACCO LTD.**

**Delivery Method:**

Collection in person

By mail (provide address if different/ in addition to the details provided above)  
P.O. Box and Code \_\_\_\_\_ Town/City \_\_\_\_\_

**F. REQUEST FOR RECTIFICATION/CORRECTION OF PERSONAL DATA**

*If you have requested for Rectification/Correction of Personal Data, please provide the proposed changes below, and attach any justifying documents to this form.*

Personal Data currently on file to be corrected e.g. name, residential status, mobile number, email e.t.c.	Proposed change	Reason for proposed change
1.		
2.		
3.		
4.		

**G. REQUEST FOR RESTRICTION OR OBJECTION TO PROCESSING OF PERSONAL DATA**

*If you have requested for Restriction or Objection to the processing of Personal Data, please provide detailed reasons for the restriction or objection, and attach any justifying documents to this form.*

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_
- (e) \_\_\_\_\_

**I. DECLARATION**

Note: Any attempt to exercise a Data Subject Right, or make a request in this form through misrepresentation may result in prosecution.

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

I, the undersigned, confirm that I have read and understood the terms of the Privacy Policy available at <https://ukristonaufanisicoop.co.ke/about/data-privacy> and hereby give express, unequivocal, free, specific and informed authority to UKRISTO NA UFANISI SACCO and its Affiliates to use and process the rectified data or any personal data provided under this data subject rights request form pursuant to the terms of the Privacy Policy.

Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

**Note: Documents which must accompany this application:**

1. **Proof of your identity**
2. **Proof of the data subject's identity (if different from the requestor)**
3. **Authorization from the data subject to act on their behalf (where applicable)**