



## REQUEST FOR ACTION IN RESPECT OF PERSONAL INFORMATION

Confidential

**Privacy Notice:**

We are collecting your personal information, so that we can act upon your request to exercise your rights in respect of your personal information. For this purpose and only when required, we may share this data within First Assurance and Absa Group Limited (“Absa Group”), and with other third parties that process your personal data in conjunction with us or on our behalf. To read our Privacy Statement, please visit

[www.firstassurance.co.ke](http://www.firstassurance.co.ke)

Mark the appropriate box with an “x” and complete only the relevant sections of this form:

- Objection to the processing of personal information (complete sections B, C, D and G)
- Request to correct or delete/destroy personal information that is in the possession of or under the control of the responsible party (complete sections B, C, E and G)
- Request to delete/destroy personal information that is in the possession or under the control of the responsible party and who is no longer authorized to retain the record of information (complete sections B, C, F and G)

**(A) PARTICULARS OF RESPONSIBLE PARTY**

**Name:** First Assurance Company Ltd

**Physical address:** First Assurance House , P.O. Box 30064 – 00100, Nairobi, Kenya.

**Email address** [dataprivacy@firstassurance.co.ke](mailto:dataprivacy@firstassurance.co.ke)

**(B) PARTICULARS OF THE DATA SUBJECT WHO THE REQUEST PERTAINS TO**

- (a) The particulars of the data subject who the request pertains to must be recorded below.
- (b) Proof of the capacity in which the request is made must be attached e.g. copy of Identity Document (ID) or Passport, Affidavit. Certified copies must not be older than three months.

Full name and Surname/Registered name, if juristic entity

ID/Passport Number/Registration number, if juristic entity

Please indicate how you would like to be contacted by marking the appropriate box with an “X”, and providing the relevant contact details in the space provided:

Residential / Postal / Business Address	Telephone/Mobile	e-Mail
Contact details:		



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Capacity in which the request is made, where made on behalf of the data subject:

## (C) PARTICULARS OF PERSON MAKING REQUEST ON BEHALF OF DATA SUBJECT

This section must be completed only if a request is made on behalf of another person or juristic entity.

Full name and Surname/Registered Name, if juristic entity

ID/Passport Number/Registration Number, if juristic entity

Please indicate how you would like to be contacted by marking the appropriate box with an "X", and providing the relevant contact details in the space provided:

	Residential / Postal / Business Address	Telephone/Mobile	e-Mail
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Contact details:

## (D) REASONS FOR OBJECTING TO PROCESSING OF PERSONAL INFORMATION AND PARTICULARS OF PERSONAL INFORMATION RECORD/S

- (a) This section is only to be completed if you are objecting to the processing of personal information.
- (b) Provide detailed reasons for the objection and the full particulars of the record(s) to which the objection relates, including the reference number if that is known to you, to enable the record(s) regarding the objection to be located.
- (c) If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. THE DATA SUBJECT OR HIS/HER/ITS AGENT MUST SIGN ALL ADDITIONAL ANNEXURES.

Details reasons for the objection and a detailed description of the relevant personal information records to which the objection relates:


## (E) PERSONAL INFORMATION RECORDS TO BE CORRECTED

- (a) This section is only to be completed if you are requesting the correction of personal information in the possession or under the control of the responsible party.
- (b) Provide detailed reasons for the request to correct personal information and the full particulars of the record(s) to be corrected including the reference number if that is known to you, to enable the relevant personal information record(s) to be located.



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- (c) If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. THE DATA SUBJECT OR HIS/HER/ITS AGENT MUST SIGN ALL ADDITIONAL ANNEXURES.

Detailed reasons for the request to correct or delete/destroy personal information and a description of the personal information records to which the request relates:


## (F) PERSONAL INFORMATION RECORDS TO BE DELETED/DESTROYED

- (a) This section is only to be completed if you are requesting the deletion/destruction of personal information in the possession or under the control of the responsible party, where the responsible party is no longer authorized to retain the record.
- (b) Provide detailed reasons for the request to delete/destroy personal information and the full particulars of the record(s) to be deleted/destroyed, including the reference number if that is known to you, to enable the relevant personal information record(s) to be located.
- (c) If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. THE DATA SUBJECT OR HIS/HER/ITS AGENT MUST SIGN ALL ADDITIONAL ANNEXURES.

Detailed reasons for the request to delete/destroy personal information and a description of the personal information records to which the request relates:


## (G) NOTICE OF DECISION REGARDING THE OBJECTION TO PROCESSING PERSONAL INFORMATION

You will be notified in writing via your preferred mode of contact whether your request has been approved/denied (and the reasons for denial, if denied).

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DATA SUBJECT

\_\_\_\_\_  
SIGNATURE OF AGENT ACTING ON BEHALF OF DATA SUBJECT

\_\_\_\_\_  
INDICATE DOMICILE BRANCH/ RELATIONSHIP MANAGER



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Once completed, please submit this form along with any supporting documentation to [dataprivacy@firstassurance.co.ke](mailto:dataprivacy@firstassurance.co.ke)