

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 additional 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 <https://Loop.co.ke/privacy-policy/>]

A. DETAILS OF THE DATA SUBJECT/PERSON REQUESTING INFORMATION

Name _____
Surname First Name Middle Name

National ID/Passport No. _____ Telephone No. _____

Email Address _____

B. 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 LOOP is not assured as to the proof of your identity, it reserves the right to decline your request.

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

Name _____
Surname First Name Middle Name

National ID No./ Passport No./ Birth Certificate No. _____

Telephone No. _____ Email Address _____

D. DATA SUBJECTS RIGHTS TO BE FULFILLED

Please choose the request you would like to submit:

- | | |
|--|--|
| <input type="checkbox"/> Request for Information | <input type="checkbox"/> Request for Erasure/Deletion of Personal Data |
| <input type="checkbox"/> Request for Access to Personal Data | <input type="checkbox"/> Request for Restriction or Objection to Processing of Personal Data |
| <input type="checkbox"/> Request for Rectification/Correction of Personal Data | <input type="checkbox"/> Request for Data Portability |
| <input type="checkbox"/> Request to Withdraw Consent or Opt-out of LOOP' Direct Marketing Activities | |

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

E. 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. LOOP will communicate any such decision with reasons.*

F. 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 Listen to 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)
 - Transcript (Please note that transcription charges may apply)
 - Translation into _____ (Please note that translation charges may apply)
 - Other (Specify)

Delivery Method:

- Collection in person
- By email (provide email address if different/ in addition to the details provided above)

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

G. 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.		

H. 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. REQUEST FOR DATA PORTABILITY

If you have requested for Data Portability, please provide the information below, and attach any justifying documents to this form.

Who should we provide the requested information to? _____

How should we provide the information to them?

By emailing a copy to them at _____

By mail a copy to P.O. Box and Code _____
Town/City _____

Others (Please specify) _____

Please provide any relevant information that will help us identify and specifically locate your Personal Data _____

J. 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 www.loop.co.ke/privacy-policy/ and hereby give express, unequivocal, free, specific and informed authority to NCBA Bank Kenya Plc 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)