



**REQUEST FOR ACCESS TO PERSONAL DATA - DPG 2**

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**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

**Details of The Data Subject**

Name: \_\_\_\_\_ Identity Number: \_\_\_\_\_

Phone 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: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Relationship with the Data Subject: \_\_\_\_\_

**Details of the Personal Data Requested (Describe the personal data requested)**

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

**Mode of Access**

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 copying costs will apply) number of copies required: .....
  - Electronic
  - Transcript (Please note that transcription charges may apply)
  - Other (specify)

**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 confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_