



REQUEST FOR DATA PORTABILITY - DPG 4

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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)

Details of the Request

Please transfer a copy of my personal data to * _____

By either:

- Emailing a copy to them at: _____
- Mailing to: _____
- Others (Please specify) _____

DECLARATION (Note any attempt to port personal data through misrepresentation may result in prosecution)

I certify the information given in this application is accurate to the best of my knowledge

Signature: _____ Date: _____