

REQUEST FOR ERASURE OF PERSONAL DATA - DPG 5



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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: _____

Reason for Erasure Request

(Tick the appropriate box)

A.	Your personal data is no longer necessary for the purpose for which it was originally collected;	
B.	You have withdrawn consent that was the lawful basis for retaining the personal data;	
C.	You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;	
D.	the processing of your personal data has been unlawful	
E.	Required to comply with a legal obligation.	

PERSONAL DATA TO BE ERASED (Describe the personal data you wish to have erased)

DECLARATION (Note any attempt to erase 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: _____