

GEMINIA INSURANCE COMPANY LIMITED

Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke



REQUEST FOR RECTIFICATION

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicant's handwriting, or his dictation.

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

A. DETAILS OF THE DATA SUBJECT (THIS SECTION IS TO PROVIDE THE DETAILS OF THE DATA SUBJECT).

Name: _____ Phone number: _____

Identity Number: _____ E-mail: _____

(Provide the following details when making a request on behalf of a minor or a person who has no capacity)

Name: _____

Relationship with the Data Subject: _____

Contact Information: _____

PROPOSED CHANGE (S)

| | Personal data to be corrected e.g., name, residential status, mobile number, email address. | Proposed change | Reason for change |
|----|---------------------------------------------------------------------------------------------|-----------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

B. 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: _____