

GEMINIA INSURANCE COMPANY LIMITED

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REQUEST FOR ACCESS TO PERSONAL DATA

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. 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: _____

B. 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)

C. 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

I certify that the information given in this application is true.

Signature _____ Date: _____