

**GEMINIA INSURANCE COMPANY LIMITED**

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## REQUEST FOR ERASURE OF PERSONAL DATA

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**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: \_\_\_\_\_

**B. 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.	<input type="checkbox"/>
(b) You have withdrawn consent that was the lawful basis for retaining the personal data.	<input type="checkbox"/>
(c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing.	<input type="checkbox"/>
(d) The processing of your personal data has been unlawful.	<input type="checkbox"/>
(e) Required to comply with a legal obligation.	<input type="checkbox"/>

**REASON FOR ERASURE REQUEST TICK THE APPROPRIATE BOX**

Describe the personal data you wish to have erased.

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**DECLARATION**

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

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