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REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF 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) A documentary evidence in support of the objection 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. NATURE OF REQUEST MARK THE APPROPRIATE BOX WITH AN "X".

Request for: RESTRICTION OBJECTION

B. DETAILS OF THE DATA SUBJECT

Name: _____ Phone number: _____

Identity Number: _____ E-mail: _____

(Your details below when initiating the request for a minor or a person who has no capacity)

Name: _____

Relationship with the Data Subject: _____

Contact Information: _____

C. REASONS FOR THE REQUEST (PLEASE PROVIDE DETAILED REASONS FOR THE RESTRICTION OR OBJECTION.)

D. DECLARATION

I certify that the information given in this application is true

Signature _____ Date: _____