REPUBLIC OF RWANDA



NATIONAL CYBER SECURITY AUTHORITY DATA PROTECTION & PRIVACY OFFICE

CHANGE REPORT FORM AS A DATA CONTROLLER

Note: Before filling out this form, consult the guide available on <u>www.dpo.gov.rw</u>

SECTION 1 – DATA CONTROLLER DETAILS					
OPERATIONAL DETAILS					
Data Controller Name:					
Registration Number	as DATA CONTROLLER	Issued On	Valid Until		
NATURE OF DATA CONTROLLER					
Tick as appropriate					
\Box Public \Box Private \Box NGO \Box Faith Based organization \Box Political organization \Box Development Partner \Box Other:					
Sector	Financial (Refer to Guide-	Annex I)			
Address:	Country, Province, District, Sector				
Phone Number:	+xxxx xxx xxxx				
Email Address:	abc@abc.com				
Website:	www.abc.com				
CONTACT PERSON (DATA PROTECION OFFICER)					
Name:	Name				
Phone Number:	+xxxx xxx xxxx				
Email Address:	aassc@abc.com				
REPRESENTATIVE IN RWANDA (if Data Controller is established outside of Rwanda)					
Name:	Representative name				
Phone Number:	+xxxx xxx xxxx				
Address:	Country, Province, District, Sector				
Email:	aassc@abc.com				
Website:	www.afc.com				

SECTION 2 – PERSONAL DATA					
CATEGORY OF DATA SUBJECTS (e.g., employee, client, supplier, or shareholder, students, patients, etc)	DESCRIPTION OF PERSONAL DATA (e.g., name, address, or National Identity Card Number,etc)	PURPOSE OF PROCESSING (e.g., service provision, HR management, invoicing, Know Your Customer (KYC), etc).	CATEGORY OF RECIPIENT(S) TO WHOM PERSONAL DATA IS DISCLOSED (e.g., Regulators, Partners, Investors, etc.)	GROUND FOR PROCESSING (Tick as appropriate)	
Clients	Name, phone number	Service provision	Regulators: RURA, BNR	 Consent of data subject Contractual necessity Legal obligation Vital interests of the data subject or other person Public interest Performance of duties of public entity Legitimate interest Research upon authorization 	

SECTION 3 – CATEGORIES OF SENSITIVE PERSONAL DATA					
□ Applicable □ Not Applicable (Tick as appropriate)					
If applicable, please fill in the below details otherwise proceed to section 4.					
PLEASE SELECT THE TYPE(S) OF SPECIFY PURPOSE(S) FOR GROUND FOR PROCESSING					
SENSITIVE PERSONAL DATA	PROCESSING SENSITIVE				
YOU PROCESS	PERSONAL DATA	(Tick as appropriate)			
(Tick as appropriate)					
Person's race		□ Consent of data subject			
□Social origin		□ Obligations of the data controller/			
\Box Genetic or biometric information		data processor or exercising specific			
Political opinion		rights of the data subject			
\Box Health status		\Box Vital interests of the data subject or			
□ Criminal records		other person			
□ Religious or philosophical beliefs		□ Preventive or occupational medicine,			
□ Sexual life or family details		public health			
Medical records		 Archiving, scientific and historical research or statistical purposes 			

SECTION 4 – DATA PROCESSOR'S INVOLVEMENT		
Applicable I Not Applicable (Tick as appropriate)		
If applicable, please list your Data Processors and fill in the details below, otherwise proceed to section 5.		
NAME OF DATA PROCESSOR(S)	DO YOU HAVE WRITTEN DATA PROCESSING	
	CONTRACT(S) WITH THE DATA PROCESSOR(S)?	
Processor Name(s)	\Box YES \Box NO (Tick as appropriate)	

SECTION 5- TRANSFER OF PERSONAL DATA OUTSIDE RWANDA

Applicable **Not Applicable** (Tick as appropriate)

If applicable, please list the countries in the section below, otherwise proceed to section 6

List countries

Note: You will need to apply for a separate authorization to transfer personal data outside of Rwanda

SECTION 6 – MEASURES FOR PROTECTION OF PERSONAL DATA		
RISKS TO PERSONAL DATA (e.g., unauthorized access/disclosure, or theft.)	SAFEGUARDS, SECURITY MEASURES AND MECHANISMS IMPLEMENTED TO PROTECT PERSONAL DATA (e.g., access control, visitors' logbook, encryption or other information security measures.)	
Unauthorized access	Access control and Encryption	

Do you store personal data outside of Rwanda? \Box **YES** \Box **NO** (Tick as appropriate)

If YES, you will need to apply for a separate authorization to store personal data outside of Rwanda.

□ I certify that the above information is correct and complete and hereby report a change after receiving a registration certificate as a Data Controller under the Law No 058/2021 of 13/10/2021 relating to the protection of personal data and privacy.

Signature:

Date:

Name:

(Person authorized to sign on behalf of Data Controller)