**REPUBLIC OF RWANDA**



**NATIONAL CYBER SECURITY AUTHORITY**

**DATA PROTECTION & PRIVACY OFFICE**

**APPLICATION FORM**

**RENEWAL OF A REGISTRATION CERTIFICATE AS A DATA CONTROLLER**

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| **SECTION 1 – APPLICANT DETAILS** |
| **OPERATIONAL DETAILS** |
| Data Controller Name: …………………………………………………………………… |
| Registration Number as Data Controller:………………………………………..Issued on…./.…/…. Valid until.…/.…/...... | License Number (if applicable): …………………………………….Issued on…./.…/…. Valid until.…/.…/...... | Law No (If applicable): …………………………………….Presidential order No (if applicable): ……………………………………… |
| Type of Data Controller[ ]  Public [ ]  Private [ ]  NGO [ ]  Faith Based organization [ ]  Political organization [ ]  Other:…………*(Tick as appropriate))* | Sector of Data Controller[ ] Financial [ ] Telecommunication [ ] Health [ ] Education[ ] Aviation [ ]  Other:………….*(Tick as appropriate)* |
| Address |  |
| Phone Number |   |
| Email Address |  |
| Website (if applicable) |  |
| **CONTACT PERSON/ DATA PROTECTION OFFICER** |
| Name: |   |
| Phone Number: |  |
| Email Address: |  |
| **REPRESENTATIVE IN RWANDA** *(if applicant is established outside of Rwanda)* |
| Name: |  |
| Phone Number: |  |
| Address: |  |
| Email: |  |
| Website: |  |

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| **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 CardNumber,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  |

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| **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 SENSITIVE PERSONAL DATA YOU PROCESS** (Tick as appropriate) | **SPECIFY PURPOSE(S) FOR PROCESSING SENSITIVE PERSONAL DATA** | **GROUND FOR PROCESSING**(Tick as appropriate) |
| [ ]  Person’s race |  | [ ]  Consent of data subject [ ]  Obligations of the data controller/ data processor or exercising specific rights of the data subject [ ]  Vital interests of the data subject or other person[ ]  Preventive or occupational medicine, public health[ ]  Archiving, scientific and historical research or statistical purposes |
| [ ] Social origin  |  |
| [ ]  Genetic or biometric information |  |
| [ ]  Political opinion  |  |
| [ ]  Health status |  |
| [ ]  Criminal records |  |
| [ ]  Religious or philosophical beliefs |  |
| [ ]  Sexual life or family details  |  |
| [ ]  Medical records |  |

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| **SECTION 4 – DATA PROCESSOR'S INVOLVEMENT** |
| [ ]  **Applicable** [ ]  **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) | [ ]  **YES** [ ]  **NO (**Tick as appropriate) |

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| **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*

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| **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?** [ ]  **YES** [ ]  **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 apply to renew 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.**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(\*Applicant / Person authorized to sign on behalf of Applicant)