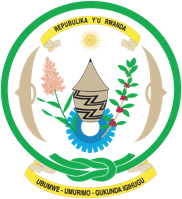
**REPUBLIC OF RWANDA**



**NATIONAL CYBER SECURITY AUTHORITY**

**DATA PROTECTION & PRIVACY OFFICE**

**APPLICATION FORM**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 1 – APPLICANT DETAILS** | | | | |
| **OPERATIONAL DETAILS** | | | | |
| Data Processor Name: …………………………………………………………………… | | | | |
| Registration Number as Data Processor:  ………………………………………..  Issued on…./.…/…. Valid until.…/.…/...... | | License Number (if applicable):  …………………………………….  Issued on…./.…/…. Valid until.…/.…/...... | | Law No (If applicable): …………………………………….  Presidential order No (if applicable): ……………………………………… |
| Type of Data Processor  Public  Private  NGO  Faith Based organization  Political organization  Other:…………  *(Tick as appropriate)* | | | Sector of Data Processor  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: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 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 |  |

|  |  |
| --- | --- |
| **SECTION 4 – PROCESSING AUTHORIZATIONS** | |
| **Please list your Data Controllers in the section below** | |
| **NAME OF DATA CONTROLLER(S)** | **DO YOU HAVE WRITTEN DATA PROCESSING CONTRACT(S) WITH THE DATA CONTROLLER(S)?** |
| Data Controller(s) | **YES **  **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?** **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.**

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

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