

REPUBLIC OF RWANDA



NATIONAL CYBER SECURITY AUTHORITY  
DATA PROTECTION & PRIVACY OFFICE

APPLICATION FORM

REGISTRATION AS A DATA CONTROLLER

Note: Before filling out this application form, consult the registration guide available on [www.dpo.gov.rw](http://www.dpo.gov.rw)

SECTION 1 – APPLICANT DETAILS

OPERATIONAL DETAILS

Entity Name: .....

Registration Number (if applicable):  
.....

License Number (if applicable):  
.....

Law No (If applicable):  
.....

Presidential order No (if applicable):  
.....

NATURE OF ENTITY

Tick as appropriate

Public  Private  NGO  Faith Based organization  Political organization  Development Partner  Other:....

Entity Sector: Financial (Refer to Registration Guide- Annex I)

Entity Address: Country, Province, District, Sector

Phone Number: +xxxx xxx xxxx

Email Address: abc@abc.com

Website: www.abc.com

CONTACT PERSON

Name: Name

Phone Number: +xxxx xxx xxxx

Email Address: aassc@abc.com

REPRESENTATIVE IN RWANDA (if applicant 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**

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

<b>PLEASE SELECT THE TYPE(S) OF SENSITIVE PERSONAL DATA YOU PROCESS</b> (Tick as appropriate)	<b>SPECIFY PURPOSE(S) FOR PROCESSING SENSITIVE PERSONAL DATA</b>	<b>GROUND FOR PROCESSING</b> (Tick as appropriate)
<input type="checkbox"/> Person's race		<input type="checkbox"/> Consent of data subject <input type="checkbox"/> Obligations of the data controller/ data processor or exercising specific rights of the data subject <input type="checkbox"/> Vital interests of the data subject or other person <input type="checkbox"/> Preventive or occupational medicine, public health <input type="checkbox"/> Archiving, scientific and historical research or statistical purposes
<input type="checkbox"/> Social origin		
<input type="checkbox"/> Genetic or biometric information		
<input type="checkbox"/> Political opinion		
<input type="checkbox"/> Health status		
<input type="checkbox"/> Criminal records		
<input type="checkbox"/> Religious or philosophical beliefs		
<input type="checkbox"/> Sexual life or family details		
<input type="checkbox"/> Medical records		

**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.**

<b>NAME OF DATA PROCESSOR(S)</b>	<b>DO YOU HAVE WRITTEN DATA PROCESSING CONTRACT(S) WITH THE DATA PROCESSOR(S)?</b>
Processor Name(s)	<input type="checkbox"/> YES <input type="checkbox"/> 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**

<b>RISKS TO PERSONAL DATA</b> (e.g., unauthorized access/disclosure, or theft.)	<b>SAFEGUARDS, SECURITY MEASURES AND MECHANISMS IMPLEMENTED TO PROTECT PERSONAL DATA</b> (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 be registered as a Data Controller under the Law N° 058/2021 of 13/10/2021 relating to the protection of personal data and privacy.**

Signature:

Date:

Name:

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