

REPUBLIC OF RWANDA



**NATIONAL CYBER SECURITY AUTHORITY
DATA PROTECTION & PRIVACY OFFICE**

APPLICATION FORM

AUTHORIZATION TO TRANSFER PERSONAL DATA OUTSIDE RWANDA

SECTION 1 – APPLICANT DETAILS

OPERATIONAL DETAILS

Organization Name:

Are you registered as a Data Controller, Data Processor or Both with NCSA?: Yes No (*Tick as appropriate*)

Registration Number as Data Controller (if applicable)
.....

Registration Number as Data Processor (if applicable)
.....

Issued on...../...../..... Valid until...../...../.....

Issued on...../...../..... Valid until...../...../.....

Type of organization
 Public Private NGO Development Partner
 Other:.....
(Tick as appropriate)

Sector of organization
 Finance Telecommunication Health Education
 Aviation Other:.....
(Tick as appropriate)

Address :

Phone Number :

Email Address :

Website (if applicable) :

DATA PROTECTION OFFICER

Name :

Phone Number :

Email Address :

SECTION 3 – DETAILS OF SENSITIVE PERSONAL DATA BE TRANSFERRED OUTSIDE RWANDA

Applicable **Not Applicable** (Tick as appropriate)
If applicable, please fill in the below details otherwise proceed to section 4.

TYPE(S) OF SENSITIVE PERSONAL DATA <i>Please tick the appropriate types of sensitive personal data you transfer</i>	PURPOSE(S) FOR PROCESSING SENSITIVE PERSONAL DATA <i>Specify the purposes for each ticked type(s) of sensitive personal data</i>	GROUND FOR TRANSFERRING <i>Tick appropriate ground(s) which the transfer will base on</i>
<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– DETAILS OF RECIPIENT(S)

(Please add columns to this section if personal data will be transferred to more than 2 recipients)

<p>Recipient Name(s) to whom you transfer personal data <i>Who will you transfer personal data to?</i></p>	<p align="center">Recipient Name 1</p>	<p align="center">Recipient Name 2</p>
<p>Destination country(ies) <i>What are the names of countrie(s) the personal data will be transferred to?</i></p>		
<p>Type of Recipient <i>What is the type of your recipient(s)?</i></p>	<p><input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Development Partner <input type="checkbox"/> Others:.....</p>	<p><input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Development Partner <input type="checkbox"/> Others:.....</p>
<p>Processing operations <i>What will the RECIPIENTS be doing with the transferred personal data?</i></p>		
<p>Frequency of transfers <i>How often will these transfers occur?</i></p>	<p><input type="checkbox"/> One time <input type="checkbox"/> Recurring <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Others: Please Specify</p>	<p><input type="checkbox"/> One time <input type="checkbox"/> Recurring <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Others: ... Please Specify</p>
<p>Duration of transfer to Recipient(s) <i>How long can the recipients receive or access the transferred personal data?</i></p>		
<p>Involvement of third party(ies) <i>If applicable, list all approved third parties who will be involved in processing of personal data to be transferred . If not applicable, mention N/A</i></p>	<p align="center">Name of third parties</p>	<p align="center">Name of third parties</p>
<p>Applicable Personal Data Protection and Privacy Laws <i>What are the data protection laws of country (ies) the personal data will be transferred to?</i></p>		

SECTION 5 – DETAILS OF PROTECTION FOR PERSONAL DATA TO BE TRANSFERRED

<p>Format of the personal data <i>What is the format of personal data to be transferred?</i> <i>E.g: Plain text , Encrypted, etc</i></p>	
<p>Means of transfer/access <i>How are you sending/transferring personal data to your recipients?</i></p>	<p> <input type="checkbox"/> Credentials <input type="checkbox"/> Paper <input type="checkbox"/> Remote access <input type="checkbox"/> Email <input type="checkbox"/> Secure File Transfer Protocol (SFTP) <input type="checkbox"/> Integration <input type="checkbox"/> Web-based collaborative platforms <input type="checkbox"/> Others: Please specify </p>
<p>Safeguards, security measures and mechanisms implemented to protect personal data by Data controller or Data processor <i>What are technical and organizational measures you put in place to protect personal data before being transferred?</i></p>	
<p>Safeguards, security measures and mechanisms implemented to protect personal data by recipient(s) <i>What are technical and organizational measures do the RECIPIENTS have in place to protect personal data once it has been received?</i></p>	

I certify that the above information is correct and complete and hereby apply to be authorized to transfer personal data outside Rwanda under Law N° 058/2021 of 13/10/2021 relating to the protection of personal data and privacy.

Name: _____

Date: _____

Position: _____

Signature: _____

SUPPORTING DOCUMENTS

1. Application letter addressed to the Chief Executive Officer of NCSA
2. Contracts for transfer of personal data with recipient(s)
3. Data Protection Impact Assessment (DPIA) for transferring personal outside Rwanda
4. Data Flow Diagram (DFD)
5. Any other supporting documents

Please convert all documents into PDF, zip, and send them to registration@dpo.gov.rw and dpp@ncsa.gov.rw by writing your organization name in the email's subject

Note: You may be requested to submit additional documents during the evaluation process.