

REPUBLIC OF RWANDA



NATIONAL CYBER SECURITY AUTHORITY DATA PROTECTION & PRIVACY OFFICE

APPLICATION FORM

REGISTRATION AS A DATA PROCESSOR

Note: Before filling out this application form, consult the registration guide available on 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

DATA PROTECTION OFFICER

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

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 be registered as a Data Processor 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)