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**GRAND REINSURANCE BOTSWANA (PTY) LTD**

**DATA SUBJECT RIGHTS REQUEST FORM**

**Introduction**

The Data Protection Act allows for a data subject to exercise their rights on his/ her personal data that Grand Reinsurance Botswana (Pty) Ltd may hold. The information required on this form is necessary to enable us to fulfil your request.

Please provide clear and complete details of the personal data you wish to exercise your rights for the company’s consideration. We will respond to your request withing Thirty (30) days from the date of receipt of this completed form, or within the period specified by law.

We reserve the right to enquire or request additional documentation for verification of your identity in exercising the rights.

The result following consideration of your request will be communicated through channels according to the contact information you have provided.

**Section A Details of the Data Subject**

|  |  |
| --- | --- |
| Names |  |
| Contact number |  |
| ID/Passport number |  |
| Email address |  |
| Correspondence address |  |

**Section B Details of guardian of the Data Subject (In case the data subject is a minor as defined by law)**

|  |  |
| --- | --- |
| Names |  |
| Contact number |  |
| ID/Passport number |  |
| Email address |  |
| Correspondence address |  |
| Relationship with the Data Subject |  |

Relationship between the Data Subject and Grand Reinsurance Botswana (Pty) Ltd E.g. (Customer, employee, visitor, former employee, other)

|  |
| --- |
|  |

**Section C Data Subject Right Requested (tick applicable)**

|  |  |
| --- | --- |
| **Rights** | **Description of request** |
| Access |  |
| Erasure | **Ground for request:** [ ]  no longer necessary to retain for the purpose of collection, [ ] consent has been withdrawn, [ ] unlawful data processing, [ ] objection to processing[ ] Compliance with a legal obligation to erase |
| Rectification | Correct (specify) ………………………………………………………………………………………………………………………………………………………………………Complete(specify)…………………………………………………………………...……………………………………………………………………………………………… |
| Portability | Transfer to: (please specify names/ details of other personal data controllers.)……………………………………………………………………………………………..……………………………………………………………………………………………... |
| Restriction of processing | (Specify grounds) |
| Withdraw consent |  |
| Right to object to processing | (Specify grounds) |
| Human intervention on automated decision |  |

Preferred mode of feedback to the request:

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**