NBFIRA Non-Bank Financial Institutions Regulatoriy Authority

DATA SUBJECTS RIGHTS FORM

UNIQUE IDENTIFICATION NUMBER

NBFIRA/EM/DP/PL001-F02

ISSUE NO

EFFECTIVE DATE

01-06-2025

DATA SUBJECT REQUEST IN RELATION TO RIGHTS OF DATA SUBJECTS IN TERMS OF THE DATA PROTECTION ACT NO. 18 OF 2024

Notes:

All personal information collected in this form is for the purpose of assessing and giving effect to your requests. For more information on our processing activities please visit our Privacy Statement on www.nbfira.org.bw

Affidavits or other documentary evidence as applicable in support of your requests may be attached. If the space provided for in this form is not adequate, information may be submitted as an Annexure to this form, signed in each page.

Completed requests with supporting documentation must be submitted to info@nbfira.org.bw

Mark the appropriate request box with "x" or " $\sqrt{"}$ and only complete the relevant sections.

Objection of the Processing of your Personal Information	Complete A, B, C, F, G
Correct or delete Personal Information about the data subject	Complete A, B, D, F, G
in the possession or under the control of NBFIRA that is	
inaccurate, irrelevant, excessive, out of date, incomplete,	
misleading, or obtained unlawfully	
Destroy or delete a record of Personal Information about the	Complete A, B, E, F, G
data subject that NBFIRA is no longer authorized to retain	

A. DETAILS OF THE DATA SUBJECT (to whom the request relates) Proof of Identification must be attached, e.g. certified copy (not older than 3 months) of ID,						
Passport						
Full Names / Registered Name						
(Companies etc)						
ID / Passport number or						
Registration Number						
Residential Address, postal						
address, or business address						
Contact number						
Email address						

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B. PARTICULARS OF PERSON MAKING REQUEST ON BEHALF OF THE DATA SUBJECT							
This section must be completed if the request is made on behalf of a data subject or registered entity. Proof of capacity must be attached, e.g. power of attorney, affidavit or resolution							
Full Names / Registered Name	lacried, e.g. power or attorney, amdavit or resolution						
(Companies etc)							
(companies see)							
ID / Passport number or							
Registration Number							
Capacity in which the request is made							
Contact number							
Email address							
C. REASONS FOR OBJECTING TINFORMATION	TO THE PROCESSING OF YOUR PERSONAL						
Provide detailed reasons for							
objecting to the processing of							
your personal information							
If known, please provide details							
of the record to which the							
objection relates							
D. DPERSONAL RECORDS TO BE CORRECTED OR DELETED This section must be completed if the request is for correction or deletion of personal information about the data subject in the possession of under the control of NBFIRA, and the information is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully							
Provide detailed reasons for the							
correction or deletion							
If known, please provide details							
of the record to which the							
objection relates							

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E. PERSONAL IN This section must be					ecord of personal
information about t	•	•			-
Provide detailed rea	sons for the				
destruction or delet					
If known, please pr	ovide details				
of the record to wh					
destruction or delet					
F. MEANS OF CO	NTACT				
Please complete thi	is section to info	rm us on h	ow you wo	ould like to be conta	acted by marking
the appropriate box	with "x" or "\/"	and provid	ling the rei	levant contact detail	ls.
We will use your pi					
and the reasons fr	such denial whei	re applicabl	le.		
Tel No	Emai	il		Physical Address	
Relevant contact					
details					
G. SIGNATURE					
Signed at	+h	nic .	г	Day of	20
Signed at	U	IIS	L	Jay 01	20
SIGNATURE OF DAT	A SUBJECT / DE	SIGNATED	PERSON		