

Request for Erasure of Personal Data

Note:

- i. All fields marked as * are mandatory
- ii. Documentary evidence in support of this request may be required
- iii. Where the space provided for in this Form is inadequate, submit information as an annexure

DETAILS OF THE DATA SUBJECT

Name*: _____ Phone Number*: _____

Identity Number*: _____ E-mail Address*: _____

Provide the following details where making a request on behalf of a minor or a person who has no capacity

Name*: _____ Relationship to Data Subject*: _____

Phone Number*: _____ E-mail Address*: _____

REASON FOR ERASURE REQUEST (Tick The Appropriate Box)

- You have withdrawn consent that was the lawful basis for retaining the personal data
- Your personal data is no longer necessary for the purpose for which it was originally collected
- You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing
- The processing of your personal data has been unlawful
- Required to comply with a legal obligation

PERSONAL DATA TO BE ERASED (Describe the personal data you wish to have erased)

DECLARATION NOTE: (Any attempt to erase personal data through misrepresentation may result in prosecution)

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature: _____ Date: _____

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