

Request for Rectification 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*:

PROPOSED CHANGE(S)

Personal data to be corrected e.g. name, residential status, mobile number, email address

Proposed Change

Reason for Change

Personal data to be corrected e.g. name, residential status, mobile number, email address	Proposed Change	Reason for Change
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

CIC INSURANCE GROUP PLC

 CIC PLAZA MARA ROAD, UPPERHILL  P.O. BOX 59485-00200 NAIROBI, KENYA

 +254 020 282 3000, 0703 099 120  callc@cic.co.ke  www.cic.co.ke

 CICGroupPLC  CICGroupPLC  CICGroupPLC

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