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FORM DPG 4 (r. 11(2))
REQUEST FOR DATA PORTABILITY

Note:

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

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the details of the Data Subject).

Name*:
Identity Number*:
Phone Number*:
E-mail Address*:

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

Name*:
Relationship with the Data Subject*:
Contact Information*:

B. DETAILS OF THE REQUEST

Please transfer a copy of my personal data to*:

By either:

- Emailing a copy to them at
- Mailing to
- Others (Please specify)

DECLARATION

Note, any attempt to port personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is accurate to the best of my knowledge.

Signature: Date: