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FORM DPG 5 **(r. 12(2))**
REQUEST FOR ERASURE OF PERSONAL DATA

Note:

- i. *Documentary 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.*

i. 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*:

ii. REASON FOR ERASURE REQUEST

(Tick the appropriate box)

- | | |
|---|--------------------------|
| (a) Your personal data is no longer necessary for the purpose for which it was originally collected. | <input type="checkbox"/> |
| (b) You have withdrawn consent that was the lawful basis for retaining the personal data. | <input type="checkbox"/> |
| (c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing. | <input type="checkbox"/> |
| (d) The processing of your personal data has been unlawful. | <input type="checkbox"/> |
| (e) Required to comply with a legal obligation. | <input type="checkbox"/> |

PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased.

iii. 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