



## KABARAK UNIVERSITY

### Request for Erasure of Personal Data

This form is for individuals wishing to exercise their right to erasure under the **Data Protection Act, 2019**. Please use this form to specify which of your personal data you would like us to erase/ expunge and provide the reason for your request. Please note that in some cases, we may have a legal or legitimate reason to refuse your request, and we will inform you of this decision with a clear explanation.

**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 checkbox)

You have withdrawn consent that was the lawful basis for retaining the personal data: ☐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 access 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: