

# REPUBLIC OF RWANDA



## NATIONAL CYBER SECURITY AUTHORITY DATA PROTECTION & PRIVACY OFFICE

### APPLICATION FORM

#### RENEWAL OF A REGISTRATION CERTIFICATE AS A DATA CONTROLLER

##### SECTION 1 – APPLICANT DETAILS

###### OPERATIONAL DETAILS

Data Controller Name: .....

Registration Number as Data Controller: .....	License Number (if applicable): .....	Law No (If applicable): .....
Issued on..../..../.... Valid until..../..../....	Issued on..../..../.... Valid until..../..../....	Presidential order No (if applicable): .....

###### Type of Data Controller

Public  Private  NGO  Faith Based organization  
 Political organization  Other:.....  
*(Tick as appropriate)*

###### Sector of Data Controller

Financial  Telecommunication  Health  Education  
 Aviation  Other:.....

*(Tick as appropriate)*

Address

Phone Number

Email Address

Website (if applicable)

###### DATA PROTECTION OFFICER

Name:

Phone Number:

Email Address:

###### REPRESENTATIVE IN RWANDA (if applicant is established outside of Rwanda)

Name:

Phone Number:

Address:

Email:

Website:

## SECTION 2 – PERSONAL DATA

<b>CATEGORY OF DATA SUBJECTS</b> (e.g., employee, client, supplier, or shareholder, students, patients, etc)	<b>DESCRIPTION OF PERSONAL DATA</b> (e.g., name, address, or National Identity Card Number,etc)	<b>PURPOSE OF PROCESSING</b> (e.g., service provision, HR management, invoicing, Know Your Customer (KYC), etc).	<b>CATEGORY OF RECIPIENT(S) TO WHOM PERSONAL DATA IS DISCLOSED</b> (e.g., Regulators, Partners, Investors, etc.)	<b>GROUND FOR PROCESSING</b> (Tick as appropriate)
Clients	Name, phone number	Service provision	Regulators:  RURA, BNR	<input type="checkbox"/> Consent of data subject <input type="checkbox"/> Contractual necessity <input type="checkbox"/> Legal obligation <input type="checkbox"/> Vital interests of the data subject or other person <input type="checkbox"/> Public interest <input type="checkbox"/> Performance of duties of public entity <input type="checkbox"/> Legitimate interest <input type="checkbox"/> Research upon authorization

## SECTION 3 – CATEGORIES OF SENSITIVE PERSONAL DATA

Applicable    Not Applicable (Tick as appropriate)

If applicable, please fill in the below details otherwise proceed to section 4.

<b>PLEASE SELECT THE TYPE(S) OF SENSITIVE PERSONAL DATA</b> (Tick as appropriate)	<b>SPECIFY PURPOSE(S) FOR PROCESSING SENSITIVE PERSONAL DATA</b>	<b>GROUND FOR PROCESSING</b> (Tick as appropriate)
<input type="checkbox"/> Person's race		<input type="checkbox"/> Consent of data subject <input type="checkbox"/> Obligations of the data controller/ data processor or exercising specific rights of the data subject <input type="checkbox"/> Vital interests of the data subject or other person <input type="checkbox"/> Preventive or occupational medicine, public health <input type="checkbox"/> Archiving, scientific and historical research or statistical purposes
<input type="checkbox"/> Social origin		
<input type="checkbox"/> Genetic or biometric information		
<input type="checkbox"/> Political opinion		
<input type="checkbox"/> Health status		
<input type="checkbox"/> Criminal records		
<input type="checkbox"/> Religious or philosophical beliefs		
<input type="checkbox"/> Sexual life or family details		
<input type="checkbox"/> Medical records		

#### SECTION 4 – DATA PROCESSOR'S INVOLVEMENT

Applicable  Not Applicable (Tick as appropriate)

**If applicable, please list your Data Processors and fill in the details below, otherwise proceed to section 5.**

NAME OF DATA PROCESSOR(S)	DO YOU HAVE WRITTEN DATA PROCESSING CONTRACT(S) WITH THE DATA PROCESSOR(S)?
Processor Name(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Tick as appropriate)

#### SECTION 5– TRANSFER OF PERSONAL DATA OUTSIDE RWANDA

Applicable  Not Applicable (Tick as appropriate)

**If applicable, please list the countries in the section below, otherwise proceed to section 6**

List countries

*Note: You will need to apply for a separate authorization to transfer personal data outside of Rwanda*

#### SECTION 6 – MEASURES FOR PROTECTION OF PERSONAL DATA

RISKS TO PERSONAL DATA (e.g., unauthorized access/disclosure, or theft.)	SAFEGUARDS, SECURITY MEASURES AND MECHANISMS IMPLEMENTED TO PROTECT PERSONAL DATA (e.g., access control, visitors' logbook, encryption or other information security measures.)
Unauthorized access	Access control and Encryption

**Do you store personal data outside of Rwanda?  YES  NO (Tick as appropriate)**

*If YES, you will need to apply for a separate authorization to store personal data outside of Rwanda.*

I certify that the above information is correct and complete and hereby apply to renew registration certificate as a Data Controller under the Law N° 058/2021 of 13/10/2021 relating to the protection of personal data and privacy.

Name:

Date:

Position:

Signature:

(\*Applicant / Person authorized to sign on behalf of Applicant)

## **SUPPORTING DOCUMENTS**

1. Application letter addressed to the Chief Executive Officer of NCSA
2. Certificate of incorporation
3. License from Regulator (if applicable) e.g. license issued by RURA, MINICOM
4. Legal instrument establishing the entity (in case of public entity)
5. Data Processing Contracts between Data Controller and Data Processor(s)
6. Contract with the representative (only for those Data Controllers/ Data Processors that are neither established nor reside in Rwanda but process personal data of Data Subjects located in Rwanda)
7. Filled Compliance checklist form
8. Compliance Roadmap
9. Any other supporting document

Please convert all documents into PDF, zip, and send them to [registration@dpo.gov.rw](mailto:registration@dpo.gov.rw) and [dpp@ncsa.gov.rw](mailto:dpp@ncsa.gov.rw) by writing your organization name in the email's subject

### ***Notes:***

1. *You may be requested to submit additional documents during the evaluation process.*
2. *When sending copies of documents, you may redact any commercially sensitive information (e.g., contract price, quantity, etc.) that is not relevant to personal data protection.*