

10X: ENABLING GROWTH OF MSMEs THROUGH THE DIGITAL ECONOMY PROGRAM

Consent to Collection, Processing and Transfer of Personal Data

Outbox (U) Limited (“we,” or “us”) is committed to improving its programs and ensuring that they have a positive impact on program participants. To achieve this, we collect and analyse or avail for analysis, data about program participants. At the same time, we value your privacy and we are committed to protecting your personal information. This consent form explains how we collect, use, store, process and share your personal information as part of “10X: Enabling growth of MSMEs through the digital economy” program (the ‘Program’). Please read this form carefully and sign to indicate your consent to us to handle your personal information as indicated below.

Program Name: 10X: Enabling growth of MSMEs through the digital economy

Data Collector: Outbox (U) Limited of 4th Floor, Soliz House, Plot 23 Lumumba Avenue, Nakasero, Kampala; Telephone – +256 (0) 392 000 152; info@outbox.africa

1. The purpose of collection and processing

We collect your personal data to make analysis on the progress of the Program, [establish and plan for the reasonable accommodations required to ensure participants with disability can fully take part in the Program](#), and improve the Program and learn from the data collected, including monitoring and evaluating the effectiveness of the Program and to learn how to improve it for future participants.

2. What data do we collect?

We may collect some or all of the following information about you:

No.	Category of data	Indicate which ones apply*
1.	Name, age (date of birth) and gender	
2.	Contact details (phone number, email address, physical address, postal address, social media handles etc.,)	
3.	National ID / Passport / Refugee ID / Driver’s licence number	
4.	Employment history and level of education	
5.	Participation details in the Program	
6.	Marital status	
7.	Refugee or displaced person status	
8.	Presence of and nature of disability	
9.	Feedback and response to surveys	
10.	Financial information (tax identification number, social security number, bank account details, credit information)	
11.	Other (<i>please specify</i>)	

**Tick as appropriate*

3. What is the legal basis for collection and processing of your personal data?

We collect and process your personal data within the framework of the applicable legislation, and taking into full account your interests and fundamental rights as a data subject.

4. Who will your data be shared with?

We may share your data with the following parties, for the purposes indicated:

No.	Name of organisation	Address and contact details of organisation	Purpose of disclosure
1.	Mastercard Foundation	10 th Floor TWED Heights, Lourdel Road, Nakasero, Kampala	Monitor compliance with Program requirements by partner organisations
2.	Vanguard Research and Advisory Services Limited	Ssuuna II Road, Ntinda, Kampala	Undertake Program impact monitoring and evaluation works
3.	Deloitte Canada	Toronto, Canada	Ingest, store and process the data at the direction of the Foundation
4.	Deloitte Uganda Limited or any of its affiliates	Rwenzori House, Lumumba Avenue, Nakasero, Kampala	Due diligence, payments administration, KYC compliance, training and mentorship
5.	Our professional advisors	Varied, depending on the institution	Seeking legal, audit and other advice in relation to the Program
6.	Government authorities	Varied, depending on requesting institution	Compliance with legal requirements and obligations
7.	Other (<i>please specify</i>)		

5. Your rights

You are under no obligation to give your consent. You are eligible to participate in all aspects of the Program, regardless of your decision to share your data. Consent to data sharing is entirely separate from Program participation. You have the following rights regarding your personal data:

- (a) **Right of access:** You have the right to request a copy of the information we hold about you.
- (b) **Right to rectification:** You have the right to ask us to correct any inaccurate information we hold about you.
- (c) **Right to erasure:** You have the right to ask us to delete your information.
- (d) **Right to restriction of processing:** You have the right to ask us to restrict the processing of your information.
- (e) **Right to object to processing:** You have the right to object to the processing of your information.
- (f) **Right to data portability.** You have the right to request that your data be transferred to another organisation.

- (g) **Right to withdraw consent.** You have the right to withdraw your consent to share your data at any time. This will not affect your ability to participate in or continue participating in the Program. Should you wish to withdraw your consent, please do so by sending an email to zulu@outbox.africa or calling +256 (0) 392 000 152.

6. Your declarations

This consent is given of my own free will, with full understanding of the purpose of data collection, use, processing and transfer and acknowledgement of my rights relating to my personal data.

7. I recognise that the data collector may require additional information from me which, even if not stipulated above, is deemed relevant for the purposes stated herein.
8. I recognise that no compensation will be due to me in the event I consent to the collection, use, processing, disclosure and or transfer of my personal data.
9. I acknowledge that I have been informed of, and have fully understood the reasons why the data collector is required to disclose my personal data to Mastercard Foundation and the third parties indicated herein, as well as the legal basis for doing so.
10. If you have any questions or wish to exercise your rights, please contact us using any of the contact details provided above.

Participant

Name:

Participant

Signature:

Date:

In the presence of:

Witness

Name:

Witness

Signature:

Date:

DECLARATION OF LITERACY

☐ Literate i.e., CAN read and understand the English language.

I _____ (*insert Participant's name*) hereby confirm that I can read and understand the English language.

Signed on the _____ day of _____ 20____

Participant's Name: _____

Participant's Signature: _____

In the presence of:

Witness: _____

Name: _____

Address: _____

Occupation: _____

☐ Illiterate i.e. CANNOT read and understand the English language:

To be signed for illiterate Participants

I _____ of _____ (*insert name and address of illiterate's witness*) witnessed the signing of this document by _____ (*name of illiterate participant*) and I wrote the name of the said illiterate after the illiterate had appended his or her mark and I was instructed so to write by the illiterate / the said illiterate wrote his/her name and/or appended his/her signature to this document, and that prior to the illiterate appending his or her mark and/or writing his/her name/signing this document, the document was distinctly, clearly and audibly read over and explained to the illiterate by _____ (*name of interpreter*) in the _____ (*state the language*) language, which the said illiterate understands, and the illiterate appeared to have understood the contents of the document.

Signed on the _____ day of _____ 20____

Participant's Name: _____

Participant's Signature: _____

In the presence of:

Witness: _____

Name: _____

Address: _____

Occupation: _____