

# DATA PROCESSOR

## REGISTRATION FORM



### SECTION 1 – ORGANISATION INFORMATION

#### OPERATIONAL DETAILS

Tick as appropriate ☐ Public ☐ Private ☐ NGO ☐ Other (please specify): .....

Entity Name:

.....

License Number:

.....

#### CONTACT OF ENTITY

Entity Address:

Phone Number:

Email Address:

Website:

#### CONTACT PERSON

Name:

Phone Number:

Email Address:

Position:

### SECTION 2 – PERSONAL DATA

CATEGORY OF DATA SUBJECTS	DESCRIPTION OF PERSONAL DATA	GROUND FOR PROCESSING
<input type="checkbox"/> Employee <input type="checkbox"/> Customer <input type="checkbox"/> Financial Data <input type="checkbox"/> Health Data <input type="checkbox"/> Supplier <input type="checkbox"/> Biometric Data <input type="checkbox"/> Education Data <input type="checkbox"/> Criminal Data <input type="checkbox"/> Etc. .....	<input type="checkbox"/> Name <input type="checkbox"/> Data of birth <input type="checkbox"/> Address <input type="checkbox"/> Phone number <input type="checkbox"/> Medical History <input type="checkbox"/> Bank Account <input type="checkbox"/> Academic transcription <input type="checkbox"/> Fingerprint <input type="checkbox"/> Etc. .....	<input type="checkbox"/> Consent of data subject <input type="checkbox"/> Contractual necessity <input type="checkbox"/> Legal obligation <input type="checkbox"/> Public interest <input type="checkbox"/> Legitimate interest <input type="checkbox"/> Research upon authorization <input type="checkbox"/> Performance of duties of public entity <input type="checkbox"/> Vital interests of the data subject <input type="checkbox"/> Etc. .....

### SECTION 3 - PROCESSING AUTHORIZATIONS

**Please list your Data Controllers in the section below**

NAME OF THE CONTROLLER	DPA LICENCE OF CONTROLLER	COUNTRY

**N.B: Please attach the contracts with the Controllers**

### SECTION 4 - TRANSFER OF PERSONAL DATA OUTSIDE SOMALIA

Do you transfer personal data outside of Somalia?	Tick as appropriate) <input type="checkbox"/> YES <input type="checkbox"/> NO
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**List the country(ies):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**(Purpose(s) of transfer:**

Do you store personal data outside of Somalia?	Tick as appropriate) <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>if <b>YES</b> you will need to apply for a separate authorization to store personal data outside of Somalia.</i>	

I certify that the above information is correct and complete and hereby apply to be registered as a Data Processors under the Law No [005] of [2023] Data Protection Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 6 - PERSONAL SENSITIVE DATA (*For Internal Use Only*)**

**PLEASE SELECT THE TYPE OF CATEGORIES OF SENSITIVE PERSONAL DATA**

<input type="checkbox"/> Biometric data	<input type="checkbox"/> Health status	<input type="checkbox"/> Criminal records
<input type="checkbox"/> Clan	<input type="checkbox"/> Marital status	<input type="checkbox"/> Financial Information

Employee Involved: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_