

DATA CONTROLLER

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 - DATA PROCESSORS INVOLVEMENT

Please list your Data Processors in the section below

NAME OF THE DATA PROCESSORS	DPA LICENCE OF PROCESSORS	COUNTRY

N.B: Please attach the contracts with the Processors

SECTION 4 - TRANSFER OF PERSONAL DATA OUTSIDE SOMALIA

Do you transfer personal data outside of Somalia?

Tick as appropriate) ☐ **YES** ☐ **NO**

List the country(ies):

1. _____
2. _____
3. _____
4. _____

(Purpose(s) of transfer:

Do you store personal data outside of Somalia?

Tick as appropriate)

☐ **YES** ☐ **NO**

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

I certify that the above information is correct and complete and hereby apply to be registered as a Data Controller 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: ____/____/____