

## DATA PROTECTION OFFICER

### REGISTRATION FORM

#### APPLICANT DETAILS

##### ORGANISATION INFORMATION

Name of the Organisation	<input type="text"/>	DPA License Number	<input type="text"/>
Email Address	<input type="text"/>	Contact Number	<input type="text"/>
City/state	<input type="text"/>	Address	<input type="text"/>
Website	<input type="text"/>		

##### NATURE OF ORGANISATION:

☐ DATA CONTROLLER☐ DATA PROCESSER

##### REPRESENTATIVE OF THE ORGANISATION

Full Name:

Email:

Contact No:

Official Designation:

##### DATA PROTECTION APPLIER

First Name

Last Name

Tell No

Contact Number

Email Address

Qualification

Official Date of Designation as DPO

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I declare this Registration Form is accomplished by a Data Protection Officer and is a true, correct, and complete statement pursuant to the provisions of the pertinent laws, rules, and regulations of the Federal Government of Somalia. I also authorize the Data Protection Authority to verify or validate the contact stated herein.

Name: \_\_\_\_\_

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

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