

FOURTH SCHEDULE (Section 17)



BREACH NOTIFICATION FORM DP3

POTRAZ - DATA PROTECTION AUTHORITY

P.O. Box MP 843, Mt Pleasant
1111 Performance Close
Mt Pleasant Business Park
Harare
Tel: 0242-333032
08677333032

1. Client Information

Name of Data Controller or Processor

Data Protection License Number

Physical Address.....

Postal Address.....

Telephone/Cell No.....Fax No.....

Name of Designated Data Protection Officer

Registration Number of the Data Protection Officer.....

Email of Data Protection Officer

Tel #.....

Mobile #.....

Scope of Breach

1) Date of Data Breach

2) Date of Breach Identification

3) Information Systems Breached

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4) Nature of Personal Data affected, categories and approximate number of records affected.

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5) Likely Impact of the Data Breach

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6) Measures taken or to be taken to address the Data Breach:

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