

REQUEST FOR DATA PORTABILITY

NOTE:

- i. The Personal Data required by this form is necessary to enable Madison to process your Request for Data Portability. The information you supply will only be used to identify you and for responding to your request, in accordance with the Data Protection Act and Regulations. It may be shared with our legal and administrative teams for processing and preparing a response ii. Documentary evidence in support of this request may be required. Any documents sent to us should be transmitted through secure means of communication and should be photocopies or scanned images (do not send the originals).
- ii. To ensure that we are acting on the instructions of an authorized person, please provide us with sufficient identification in accordance with applicable laws. If you do not provide adequate proof of identity, we reserve the right to decline your request.
- iv. Where the space provided for in this form is inadequate, submit the information as an annexure.
- v. A separate form must be completed for each data subject.
- vi. All fields marked as * are mandatory.

Please complete the form below with accurate information and submit it via email to dpo@madison.co.ke

A.	DETAILS OF THE DATA SUBJECT	
Full Name*:		ID/Passport/Birth certificate Number*:
Phone Number*:		Email Address*:
Product with Madison:		Policy/Member/Agent/Employee Number:
В.	RELATIONSHIP WITH MADISON*? (C	heck the box that applies)
	I am a Customer and enclose evidence of m I am an Agent and enclose evidence of my ic I am an Employee and enclose evidence of i I am acting on the Data Subject's behalf as h has a mental or other disability or where yo	dentity. dentity. is/her duly authorized representative. (e.g. Where the Data Subject is a minor or
C.	DETAILS OF THE PERSON LODGING	THE REQUEST (If the person is different from A above)
Full Na	me * :	ID/Passport Number*:
Phone Number*:		Email Address*:
Relatio	nship with the Data Subject*:	
D.	DETAILS OF THE REQUEST*:	
Please	transfer a copy of my personal data to:	
By eith	er:	
• E	mailing a copy to them at:	
• N	failing to:	
• 0	others (please specify):	
E.	DECLARATION*	
Note:	Any attempt to port personal data through mi	srepresentation may result in prosecution.
	I certify that the information given in this appli	ication is accurate to the best of my knowledge
Signa	ture:	Date of Request:

What happens next?

- i. If your request is valid but we are unable to identify you, we will advise you of this and request additional information.
- ii. If your request is valid and we do not require any additional information, we will acknowledge it in writing and provide you with a reference number relating to your Request for Data Portability and start processing it.
- iii. Once Madison has all the required information, your request should be completed within thirty (30) days. Please note that in complex cases, the processing period may be extended in consultation with the Office of the Data Protection Commissioner.
- consultation with the Office of the Data Protection Commissioner.

 iv. Madison shall port the Data in a machine-readable format. Madison is permitted by the Data Protection Laws to charge a reasonable fee for your request. The fee payable shall be based on the administrative cost of providing the information and will be communicated to you once your request has been verified.
- on the administrative cost of providing the information and will be communicated to you once your request has been verified.
 v. If your request is invalid (e.g., Where the request is not supported with proof or context or where it is subject to certain exceptions or conditions under the Data Protection Act and Regulations), we will inform you of such conditions, return any enclosures and or advise you why your request has been declined within seven (7) days.