

Transfer of Personal Data Form

Form No: QMS 29	Revision No: 00	Date of Issue: 29 June 18
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Organisation Name: _____ <small>(*As appears on your BRN/Certificate of Incorporation/Deed)</small>																			
Address: _____ Phone No: _____																			
Email Address: _____ Fax No: _____																			
Registered controller/processor with this Office*: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(*You should be registered as a controller/processor before making this request)</small>																			
Purpose of the proposed transfer/s:																			
Types of personal data to be transferred: <small>(Specify the type of personal data for example name, address, emails, etc. without divulging the contents of the particular names, addresses, emails, etc.)</small>																			
Country/ies to which the proposed transfer/s is/are being made from Mauritius and their corresponding Data Protection Rules : <small>(Please annex a document in the tabular format provided in the next column if transfer/s is/are being made to more than 5 countries)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No</th> <th style="width: 40%;">Country/ries</th> <th style="width: 50%;">Data Protection Rules</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td></td><td></td></tr> <tr><td style="text-align: center;">2.</td><td></td><td></td></tr> <tr><td style="text-align: center;">3.</td><td></td><td></td></tr> <tr><td style="text-align: center;">4.</td><td></td><td></td></tr> <tr><td style="text-align: center;">5.</td><td></td><td></td></tr> </tbody> </table>	No	Country/ries	Data Protection Rules	1.			2.			3.			4.			5.		
No	Country/ries	Data Protection Rules																	
1.																			
2.																			
3.																			
4.																			
5.																			
Safeguards implemented to protect personal data during transfer:																			

I certify that the particulars in this application are true and accurate.

Signature: _____

Date: _____

(*Applicant / Person authorised to sign on behalf of Applicant)