

Transfer of Personal Data Form

Form No: QMS 29	Revision No: 01	Date of Issue: 24 May 2019
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Organisation Name: _____
 (*As appears on your BRN/Certificate of Incorporation/Deed)

Address: _____	Phone No: _____
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Email Address: _____	Fax No: _____
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Registered controller/processor with this Office*: Yes No
 (*You should be registered as a controller/processor before making this request)

Purpose of the proposed transfer/s:	
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Types of personal data to be transferred: (Specify the type of personal data for example name, address, emails, etc. without divulging the contents of the particular names, addresses, emails, etc.)	
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Country/ies to which the proposed transfer/s is/are being made from Mauritius and their corresponding data protection rules: (Please annex a document in the tabular format provided in the next column if transfer/s is/are being made to more than 7 countries)	<table border="1" style="width: 100%; border-collapse: collapse; margin: auto;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 5%;">No</th> <th style="width: 35%;">Country/ries</th> <th style="width: 60%;">Data Protection Rules</th> </tr> </thead> <tbody> <tr style="background-color: #cccccc;"><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 style="background-color: #cccccc;"><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 style="background-color: #cccccc;"><td style="text-align: center;">5.</td><td></td><td></td></tr> <tr><td style="text-align: center;">6.</td><td></td><td></td></tr> <tr style="background-color: #cccccc;"><td style="text-align: center;">7.</td><td></td><td></td></tr> </tbody> </table>	No	Country/ries	Data Protection Rules	1.			2.			3.			4.			5.			6.			7.		
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1.																									
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3.																									
4.																									
5.																									
6.																									
7.																									

Appropriate Safeguards

Controls	Please tick if applicable	Short Description
Physical Security		
UPS		
User Logging Controls		
Access Controls:		
User Access Management		
User Responsibilities		
Regular Backups		
Recovery		
Audit Trails		
Firewalls		
Protection from Malware		
Periodic Virus Checks		
Regular Security Updates		

Controls	Please tick if applicable	Short Description
Information Transfer Security (such as cryptography, password-protection, etc)		
Communications Security (such as Virtual Private Network, Intrusion Detection, etc)		
Audits of Transfer System		
Management of Information Security Incidents		
Employees awareness on Information Security		
Traffic Monitoring and Filtering		
Information Security controls among Supplier(s) (such as Confidentiality clauses)		
Security Contractual Requirements with Recipient/s of Data Transfer		
Transfer Requirements catered in Privacy Policies		

Please note that this list is subject to changes. In case you have additional security controls, please add to the list.

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

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

Date: _____