**Transfer of Personal Data Form**

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| 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:  |
| Email Address:  | Fax No:  |
| 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:** |  |
| **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.) |  |
| **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) |

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| No | Country/ries | Data Protection Rules |
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| --- | --- | --- |
| 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 |   |   |

**Appropriate Safeguards**

|  |  |  |
| --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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