



Personal Information Deletion Request Form

Privacy Notice: We collect, process, and share your personal data in order to provide you with the services and products that you applied for. For any other processing not related to this purpose, your consent will be obtained. To read our detailed Privacy Statement, please visit: <https://www.stanbicbank.co.ke/kenya/personal/about-us/legal/privacy-and-security-statement>

(A) REQUEST SUBMISSION

Please submit this form to the nearest **Stanbic Bank Branch** or your Relationship Manager

(B) DETAILS OF THE DATA SUBJECT WHO THE REQUEST PERTAINS TO

- i. The particulars of the data subject who the request pertains to must be recorded below.
- ii. Proof of the capacity in which the request is made must be attached e.g. copy of Identity Document (ID) or Passport, Affidavit. Certified copies must not be older than three months.

Full name and Surname/Registered name, if juristic entity	
ID/Passport Number/Registration number, if juristic entity	
Indicate Domicile Branch/Relationship Manager	
Country of Resident if not Kenya	

Please indicate how you would like to be contacted by marking the appropriate box with an "X", and providing the relevant contact details in the space provided:

Postal / Business Address <input type="checkbox"/>	Telephone/Mobile <input type="checkbox"/>	e-Mail <input type="checkbox"/>
--	---	---------------------------------

Contact details:

If made on behalf of a data subject, capacity in which the request is made:

(C) DETAILS OF PERSON MAKING REQUEST ON BEHALF OF DATA SUBJECT

Complete this section only if a request is made on behalf of another person or juristic entity.

Full name and Surname/Registered name, if juristic entity	
ID/Passport Number/Registration number, if juristic entity	

Please indicate how you would like to be contacted by marking the appropriate box with an "X", and providing the relevant contact details in the space provided:

Postal / Business Address <input type="checkbox"/>	Telephone/Mobile <input type="checkbox"/>	e-Mail <input type="checkbox"/>
--	---	---------------------------------

Contact details:

(D) PERSONAL INFORMATION/RECORDS TO BE DELETED/DESTROYED



- i. Provide reasons for the request to delete/destroy data and the details of the record(s) to which the request relates to, and if possible, the record reference number to enable its/their identification.
- ii. If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. ***The Data Subject or his/her/its agent must sign all additional annexures.***

Reasons for the deletion/destruction and a description of the relevant personal information /records to which the request relates:

(E) NOTICE OF DECISION REGARDING THIS REQUEST

You will be notified in writing via your preferred mode of contact whether your request has been approved/denied (and if denied, the reasons for denial,).

Signed at _____ this _____ day _____ of _____ 20_____.

SIGNATURE OF DATA SUBJECT

SIGNATURE OF AGENT ACTING ON BEHALF OF DATA SUBJECT