

BANK OF BARODA (BOTSWANA) LIMITED DATA SUBJECT RIGHTS REQUEST (DSRR) FORM

At Bank of Baroda (Botswana) Limited, we are committed to protecting your personal data and respecting your rights under the Data Protection Act. You can request to access, rectify, delete, restrict, object to processing, and exercise your rights related to automated decision-making and profiling. This form is for submitting a Data Subject Right Request (DSRR) and it enables you to exercise your rights regarding your personal data.

This form will help us gather the necessary information to respond to your request.

INSTRUCTIONS

- a. Complete the sections that apply to your request.
- b. If you request access to your data or wish to exercise another right, please be as specific as possible.
- c. To ensure the security of your data, we request verification of your identity before processing your request.
- d. Once we receive your completed form and verification, we will acknowledge receipt of your request within 24 hours.
- e. Your request will be processed within one (1) month of receipt of your request unless extensions apply. We will inform you of any such extensions within one (1) month of receipt of your request together with the reasons for the delay.
- f. If we cannot fulfil your request, we will provide an explanation/ reason.

1. APPLICANT / DATA SUBJECT INFORMATION

Full Name: _____

[First name, last name]

Postal Address: _____

[Your postal address]

Email Address: _____

[Your email address]

Phone Number: _____

[Your phone number]

Date of Birth: _____

[Your date of birth]

Are you the data subject?

Yes

No (if no, please complete paragraph 2 below)

2. **AUTHORISED REPRESENTATIVE (IF APPLICABLE)**

If you are submitting this request on behalf of someone else, provide your details below and attach evidence of authority (e.g., signed authorisation, power of attorney or written consent from the data subject).

Full Name: _____

[First name, last name]

Relationship to the Data Subject:

Parent/Guardian

Legal Representative

Authorized Third Party

Postal Address: _____

[Your postal address]

Email Address: _____

[Your email address]

Phone Number: _____

[Your phone number]

3. **REQUEST TYPE**

Please specify the right(s) you wish to exercise (select all that apply):

Right to Access:

Request to know what personal data we hold about you and how we process it.

Right to Rectification:

Request to correct inaccurate or incomplete personal data.

Right to Erasure:

Request to delete your personal data under certain conditions (e.g., if the data is no longer necessary, if you withdraw consent, etc.).

Right to Restriction of Processing:

Request to limit the processing of your personal data under certain conditions (e.g., if you contest the accuracy of the data).

Right to Data Portability:

Request to receive your personal data in a structured, commonly used, and machine-readable format or to have it transferred to another data controller.

Right to Object:

Object to the processing of your personal data under certain conditions (e.g., direct marketing or processing based on legitimate interest).

Right to Withdraw Consent:

If you have previously given consent for the processing of your personal data, you may withdraw that consent.

Rights Related to Automated Decision Making and Profiling:

Request not to be subjected to decisions based solely on automated processing, including profiling, unless specific conditions are met (e.g., explicit consent, contractual necessity).

4. DETAILS OF THE REQUEST

Please provide details about your request (e.g. specific data, corrections needed, reason for deletion):

5. **IDENTITY VERIFICATION**

To protect your personal data and ensure we respond to the correct person, we require you to verify your identity. Please select and attach a copy of one of the following documents as proof of identity:

- Passport
- National ID card
- Driver's License
- Utility Bill (to confirm your address, if applicable)

6. **METHOD OF RECEIVING THE INFORMATION**

How would you like to receive the information?

- By Email** (Please provide email address above)
- By Post** (Please provide postal address above)

DECLARATION

By signing below, I confirm that I am the data subject or have authority to act on the data subject's behalf and the information provided in this form is accurate and complete to the best of my knowledge.

Signature of Data Subject/ Authorised Representative: _____

[Sign Here]

Date of request: _____

[Date]

7. **WHERE TO SEND YOUR REQUEST**

Once you have completed this form and attached the required supporting documents, please submit it via:

- a. your base branch where you keep your account (for customers);
- b. your resourcing consultant or HR Officer at Head Office (for job applicants);
- c. human resources (for employees);
- d. your manager at Head Office (for suppliers); or

Baroda's Company Secretariat office (for directors).

Alternatively, you may contact the following:

CONTACT INFORMATION

For questions or complaints, please contact our Data Protection Officer:

Data Protection Officer

Bank of Baroda (Botswana) Limited
Plot 14456, Kamoshungo Road, Old Nokia Circle
Gaborone West Industrial, Gaborone
Email ID: dpo.botswana@bankofbaroda.com
Contact Number: +267 3992706.