

DATA PROTECTION OFFICER

REGISTRATION FORM

APPLICANT DETAILS

ORGANISATION INFORMATION

Name of the Organisation	<input type="text"/>	DPA License Number	<input type="text"/>
Email Address	<input type="text"/>	Contact Number	<input type="text"/>
City/state	<input type="text"/>	Address	<input type="text"/>
Website	<input type="text"/>		

NATURE OF ORGANISATION: DATA CONTROLLER DATA PROCESSER

REPRESENTATIVE OF THE ORGANISATION

Full Name:	<input type="text"/>	Email:	<input type="text"/>
Contact No:	<input type="text"/>	Official Designation:	<input type="text"/>

DATA PROTECTION APPLIER

First Name	<input type="text"/>	Last Name	<input type="text"/>
Tell No	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>		
Qualification	<input type="text"/>		
Official Date of Designation as DPO	<input type="text"/> / <input type="text"/> / <input type="text"/>		

I declare this Registration Form is accomplished by a Data Protection Officer and is a true, correct, and complete statement pursuant to the provisions of the pertinent laws, rules, and regulations of the Federal Government of Somalia. I also authorize the Data Protection Authority to verify or validate the contact stated herein.

Name: _____

Signature: _____

Date: ____/____/____