DATA PROTECTION AUTHORITY OF ZIMBABWE

'creating a level playing field'

APPLICATION/ RENEWAL FORM (FIRST SCHEDULE) DP1

REGISTRATION & LICENCING AS A DATA CONTROLLER

Note: Before filling out this application form, consult the registration guide available on www.potraz.zw

SECTION 1 – APPLICANT DETAILS		
OPERATIONAL DETAILS		
Entity Name:		
Registration Number (if applicable): ……	License Number (if applicable): ……	Data Controller Category or Class Tier: ……
NATURE OF ENTITY		
Tick as appropriate ☐ Public / Government Dpt ☐ Private ☐ NGO ☐ Faith Based organisation ☐ Political organisation ☐ Other:		
Entity Sector		
Entity Address:		
Phone Number:		
Email Address:		
Website:		
NAME OF DESIGNATED DATA PROTECTION OFFICER		
Name:		
Phone Number:		
Email Address:		
REPRESENTATIVE IN ZIMBABWE *(if the applicant is established outside of Zimbabwe)*		
Name:		
Phone Number:		

Address:	
Email:	
Website:	

SECTION 2 – PERSONAL DATA				
CATEGORY OF DATA SUBJECTS (e.g., employee, client, supplier, or shareholder, students, patients, etc)	**DESCRIPTION OF PERSONAL DATA** (e.g., name, address, or national registration number,etc)	**PURPOSE OF PROCESSING** (e.g., service provision, HR management, invoicing, Know Your Customer (KYC), etc).	**CATEGORY OF RECIPIENT(S) TO WHOM PERSONAL DATA IS DISCLOSED** (e.g., Regulators, Partners, Investors, Processor, etc.)	**GROUND FOR PROCESSING** (Tick as appropriate)
				☐ Consent of data subject ☐ Contractual necessity ☐ Legal obligation ☐ Vital interests of the data subject or other person ☐ Public interest ☐ Performance of duties of a public entity ☐ Legitimate interest ☐ Research upon authorization

SECTION 3 – CATEGORIES OF SENSITIVE PERSONAL DATA		
☐ **Applicable** ☐ **Not Applicable** (Tick as appropriate) **If applicable, please fill in the below details otherwise proceed to section 4.**		
PLEASE SELECT THE TYPE(S) OF SENSITIVE PERSONAL DATA YOU PROCESS (Tick as appropriate)	**SPECIFY PURPOSE(S) FOR PROCESSING SENSITIVE PERSONAL DATA**	**GROUND FOR PROCESSING** (Tick as appropriate)
☐ Person's race		☐ Consent of data subject ☐ Obligations of the data controller/ data processor or exercising specific rights of the data subject ☐ Vital interests of the data subject or other person ☐ Preventive or occupational medicine, public health ☐ Archiving, scientific, and historical research or statistical purposes
☐Social origin		
☐ Genetic or biometric information		
☐ Political opinion		
☐ Health status		
☐ Criminal records		
☐ Religious or philosophical beliefs		
☐ Sexual life or family details		
☐ Medical records		

SECTION 4 – DATA PROCESSOR'S INVOLVEMENT	
☐ **Applicable** ☐ **Not Applicable** (Tick as appropriate) **If applicable, please list your Data Processors and fill in the details below, otherwise proceed to section 5.**	
NAME OF DATA PROCESSOR(S)	**DO YOU HAVE WRITTEN DATA PROCESSING CONTRACT(S) WITH THE DATA PROCESSOR(S)?**
	☐ **YES** ☐ **NO (**Tick as appropriate)

SECTION 5– TRANSFER OF PERSONAL DATA OUTSIDE ZIMBABWE
☐ **Applicable** ☐**Not Applicable** (Tick as appropriate) **If applicable, please list the countries in the section below, otherwise proceed to section 6**

Note: *You will need to apply for a separate authorization to transfer personal data outside of Zimbabwe and to provide data sharing agreements.*

SECTION 6 – MEASURES FOR PROTECTION OF PERSONAL DATA	
RISKS TO PERSONAL DATA (e.g., unauthorized access/disclosure, or theft.)	**SAFEGUARDS, SECURITY MEASURES AND MECHANISMS IMPLEMENTED TO PROTECT PERSONAL DATA** (e.g., access control, visitors' logbook, encryption or other information security measures.)

Do you store personal data outside of Zimbabwe? ☐ **YES** ☐ **NO (**Tick as appropriate)

*If **YES**, you need to apply for a separate authorization to store personal data outside of Zimbabwe.*

SECTION 7 – ACCOMPANYING DOCUMENT CHECKLIST	
DOCUMENT TYPE	**INDICATE BY A TICK OR 'X' WHERE APPLICABLE TO SHOW THAT THE DOCUMENT IS SUBMITTED OR NOT.**
Certificate of incorporation	☐

I certify that the above information is correct and complete and hereby apply to be registered as a Data Controller under the Cyber & Data Protection Act [Chapter 12:07] of 2021 and Statutory Instrument … of 2024, Cyber and Data Protection Regulations relating to the protection of personal data and privacy.

Signature: _____ Date: _____

Name: _____

(*Applicant / Person authorized to sign on behalf of Applicant)

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Fee Class/ Tier:…….. Total Fee:…….Receipt No:……..……

License/ Registration Number:……

Recommending Officer:…….....Date:..……

Reviewing Officer:……Date:…….

Approving Officer:...…….Date:…….....

Comment(s):…...…….……...……

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