

RAFIKI MFB IMAGE AND TESTIMONIAL RELEASE FORM

This form is designed to obtain your explicit, informed and written consent for the use of your personal data (including photos, name, testimonials and videos) by Rafiki MFB for specific purposes, in compliance with the Kenya Data Protection Act, 2019 (KDPA).

DATA SUBJECT INFORMATION

Full Name:

Contact Number:

Email Address:

Are you a: (tick one)

- ☐ Rafiki MFB Staff Member
- ☐ Rafiki MFB Customer
- ☐ Others

PURPOSE OF DATA COLLECTION AND USE

By signing this form, you grant Rafiki MFB (the "Data Controller") permission to collect, process and publish the following categories of your personal data for the specified purposes:

•Categories of Personal Data:

- Photograph(s)- Still images.
- Video Recording(s)- Moving images and associated audio.
- Your Name- Full name as provided above.
- Your Testimonial/Quote- Any written or recorded statement provided by you.

•Specific Purposes of Processing: Your personal data will be used by Rafiki MFB exclusively for:

- Marketing and Promotional Activities- Including advertising campaigns, brochures, flyers, posters and other promotional materials.
- Public Relations- Press releases, media kits and corporate communications.

- Digital Media- Publication on Rafiki MFB's official websites, social media platforms (e.g., Facebook, Twitter, Instagram, LinkedIn, YouTube), blogs and email newsletters.
- Internal Communications- For staff, internal newsletters, presentations and training materials.
- Reports and Publications- Annual reports, corporate social responsibility (CSR) reports and other official bank publications.
- Awareness and Educational Campaigns- Related to financial literacy, new products or community initiatives.

•Location of Publication/Audience- Your data may be published globally, accessible to the general public, including existing and potential customers, partners and employees, through the channels mentioned above.

•Duration of Use/Retention- Your consent for the use of the specified personal data is granted for a period of 5 years from the date of signing," or "until withdrawn by you," or "for the duration of the marketing campaign, after which it will be archived for compliance purposes for a period not exceeding 7 years". After this period, or upon withdrawal of your consent, Rafiki MFB will cease using the data for the stated purposes and will delete or de-identify it as per our data retention policies and the KDPA.

YOUR RIGHTS AS A DATA SUBJECT

1. Right to be Informed- You have the right to be informed about the use of your personal data.
2. Right to Access- You have the right to request access to your personal data held by Rafiki MFB.
3. Right to Object- You have the right to object to the processing of your personal data.
4. Right to Rectification- You have the right to request correction of inaccurate or incomplete personal data.
5. Right to Erasure (Right to be Forgotten) - You have the right to

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request the deletion or removal of your personal data where there is no compelling reason for its continued processing.

6. Right to Withdraw Consent- You have the absolute right to withdraw your consent at any time. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.

To exercise any of these rights, including the withdrawal of consent, please contact Rafiki MFB's Data Protection Officer at dpo@rafiki.co.ke or 0711073000 or P.O. Box 12755-00400 Nairobi

DECLARATION AND CONSENT

I, the undersigned, hereby acknowledge that I have read and understood the terms of this Image and Testimonial Release Form, including the types of personal data being collected, the specific purposes for its use, the potential channels of publication, and my rights as a data subject under the Kenya Data Protection Act, 2019. I confirm that my consent is freely given, specific, informed and unambiguous.

I explicitly consent to Rafiki MFB capturing, processing and publishing my photo(s), video recording(s), name and/or testimonial/quote for the purposes outlined in Part 2 of this form.

I understand that I can withdraw my consent at any time by notifying Rafiki MFB's Data Protection Officer. I acknowledge that withdrawing consent will only affect future use of my data and will not invalidate any use that has already occurred based on my prior consent.

Data Subject's Signature

Date

FOR RAFIKI MFB USE ONLY
(Witness/Company Representative)

Name of the Representative

Title

Signature

Date

IMPORTANT NOTICE

This form must be completed and signed prior to any publication of the data subject's personal data (photo, name, testimonial or video). A copy of this signed form should be provided to the data subject and a copy retained by Rafiki MFB's Data Protection Officer.

REQUEST FOR ACCESS TO PERSONAL DATA

A. DETAILS OF THE DATA SUBJECT			
Name:*			
ID/Passport No.:		Phone number:*	
B. DETAILS OF THE PERSONAL DATA REQUESTED			
<i>(Describe the personal data requested)</i> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
C. MODE OF ACCESS			
<i>I would like to: (check all that apply)</i> <input type="checkbox"/> Inspect the record <input type="checkbox"/> Listen to the record <input type="checkbox"/> Have a copy of the record made available to me in the following format: <div style="margin-left: 20px;"> <input type="checkbox"/> Photocopy (Please note: copying costs will apply) Number of copies required: <input type="checkbox"/> Electronic <input type="checkbox"/> Transcript (Please note that transcription charges may apply) <input type="checkbox"/> Other (specify) </div>			
D. DELIVERY METHOD			
<input type="checkbox"/> Collection in person <input type="checkbox"/> By registered mail (provide full address where different / in addition to details provided above) <input type="checkbox"/> By e-mail (provide email address where different / in addition to details provided above):			

DECLARATION

Note that any attempt to access personal data through misrepresentation may result in prosecution.

☐ I certify that the information given in this application is true

Signature	Date

Notes:

- (i) *Documentary evidence in support of this request may be required.*
- (ii) *Where the space provided for in this Form is inadequate, submit information as an annexure*
- (iii) *All fields marked as * are mandatory*

REQUEST FOR RECTIFICATION

A. DETAILS OF THE DATA SUBJECT			
Name:*			
ID/Passport No.:		Phone number:*	
Proposed changes			
	<i>Personal data to be corrected e.g. name, residential status, and mobile number, email address.</i>	<i>Proposed change</i>	<i>Reason for the proposed change</i>
1			
2			
3			
4			
5			

B. DECLARATION	
Note any attempt to access personal data through misrepresentation may result in prosecution.	
<input type="checkbox"/> I certify that the information given in this application is true	
Signature	Date

Notes: (i) Documentary evidence in support of this request may be required. (ii) Where the space provided for in this Form is inadequate, submit information as an annexure (iii) All fields marked as * are mandatory
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REQUEST FOR ERASURE OF PERSONAL DATA

A. DETAILS OF THE DATA SUBJECT

Name:*			
ID/Passport No.:		Phone number:*	

B. REASON FOR ERASURE REQUEST

(Tick the appropriate box)

a) Your personal data is no longer necessary for the purpose for which it was originally collected;	<input type="checkbox"/>
b) You have withdrawn consent that was the lawful basis for retaining the personal data;	<input type="checkbox"/>
c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;	<input type="checkbox"/>
d) The processing of your personal data has been unlawful	<input type="checkbox"/>
e) You feel we are subject to a legal obligation of a Member State that requires the erasure of your personal data.	<input type="checkbox"/>
f) Required to comply with a legal obligation.	<input type="checkbox"/>

C. PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased. Please provide any relevant details you think will help us to identify the information.

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Please note that, in certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in public health, act against the public interest in scientific or historical research, or prohibit the establishment of a legal defence or exercise of other legal claims, a request may be declined and given full reasons for that decision.

D. DECLARATION

Note, any attempt to port personal data through misrepresentation may result in prosecution.

☐ I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature	Date

Notes:

- (i) *Documentary evidence in support of this request may be required.*
- (ii) *Where the space provided for in this Form is inadequate, submit information as an annexure*
- (iii) *All fields marked as * are mandatory*

REQUEST FOR DATA PORTABILITY

A. DETAILS OF THE DATA SUBJECT							
Name:*							
ID/Passport No.:		Phone number:*					
B. DETAILS OF THE REQUEST							
<p>Provide any relevant information that will help us identify and specifically locate your personal data.</p> <p>Please transfer a copy of my personal data to*</p> <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 10px;"></div> <p>By either</p> <ul style="list-style-type: none"> Emailing a copy to them at <div style="border: 1px solid black; height: 30px; width: 400px; margin-left: 10px;"></div> Registered mail to <div style="border: 1px solid black; height: 30px; width: 400px; margin-left: 10px;"></div> Others <i>(Please specify)</i> <div style="border: 1px solid black; height: 35px; width: 600px; margin-top: 10px;"></div>							
C. DECLARATION							
<p>Note that, any attempt to port personal data through misrepresentation may result in prosecution.</p> <p><input type="checkbox"/> I certify that the information given in this application is true.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 60%; padding: 5px;">Signature</th> <th style="width: 40%; padding: 5px;">Date</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>				Signature	Date		
Signature	Date						
<p>Notes:</p> <p>(i) Documentary evidence in support of this request may be required.</p> <p>(ii) Where the space provided for in this Form is inadequate, submit information as an annexure</p> <p>(iii) All fields marked as * are mandatory</p>							

REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA

A. NATURE OF REQUEST

Mark the appropriate box with an "x". Request for:

RESTRICTION

☐

OBJECTION

☐

B. DETAILS OF THE DATA SUBJECT

Name:*

ID/Passport No.:

Phone number:*

C. REASON FOR THE REQUEST

(Please provide detailed reasons for the restriction or objection)

D. DECLARATION

☐ I certify that the information given in this application is true

Signature

Date

Notes:

- (i) Documentary evidence in support of this request may be required.
- (ii) Where the space provided for in this Form is inadequate, submit information as an annexure
- (iii) All fields marked as * are mandatory