



DATA SUBJECT ACCESS REQUEST FORM

Please complete sections 1 - 3 if you are applying to access your own personal information. However, if you are authorizing someone else to apply for access to your personal information on your behalf, then sections 1 - 4 must be completed.

1. Data Subject's Personal Details

Title:	Mr.		Mrs.		Miss		Ms.		Other		
Surname:						Maiden name: (if applicable)					
First Name:											
Address:											
Telephone No.:						Email:					

2. Proof of identity

We require a data subject's proof of identity to enable us process a request, in line with the provisions of the Nigeria Data Protection Act 2023.

In order to establish your identity, you must attach a copy of a valid proof of your identity. Acceptable identity documents include any one of the following (please tick the relevant identification document you wish to attach):

- International Passport (data page)
- NIN
- Driver's License

3. Data Subject Rights & Details of Right(s) Sought to be Exercised

Please indicate the right you would like to exercise:

- Right of Access
- Right to Rectification
- Right to Restriction of Processing
- Right to Erasure
- Right to Object
- Right to Data Portability

Give clear and specific details of the data being requested or right(s) being exercised

4. Representative (only complete this section if you are acting on behalf of the data subject)

Name of Representative:	
Relationship with Data Subject:	
Telephone No.:	Email:
Address:	
Proof of Identity(Please tick): NIN [] Driver’s License [] International Passport []	
You must enclose a copy of your identification and an official documentation showing that you are authorized to apply on behalf of the data subject. This is in order to protect the identity of the data subject and ensure compliance with the Nigerian Data Protection Act 2023.	

5. Feedback

How would you like to receive feedback on your request? Please input Email or Correspondence Address (as applicable):

- Email _____
- Correspondence Address _____

6. Declaration

I, _____, the undersigned and data subject identified above, hereby request that Moniepoint Microfinance Bank Limited provide me with the data requested above.

Signature: Date:

(This part should be completed only where the Data Subject Access Request (DSAR) Form was completed by a Data Subject’s Representative)

DSAR form completed by (Name of representative):

Signature: Date:

In line with Moniepoint Microfinance Bank Limited’s Privacy and DSAR Policies, you will receive a response to your request within 30 calendar days of receipt of this form and the necessary identification and authorization documents (where applicable).

Please return the completed form to dpo@moniepoint.com with a copy to support@moniepoint.com.