







LOYAR TECHNOLOGY AND GOVERNMENT SERVICES PLC

DATA COMPLAINT/CLAIMS APPLICATION FORM

SECTION A: REQUESTOR INFORMATION

1. Full Name / Business Name _____
2. National ID or Passport /
Business Registration Number _____
3. Contact Information:  Phone: _____
 Email: _____
4. Address / Business Location  Nationality: _____
 Province/State: _____
 District/City: _____
 Other Address: _____
5. Authorized Representative
(If applicable): _____
6. Relationship to Data Subject
(If applicable): _____

SECTION B: COMPLAINT / CLAIM DETAILS

7. **Nature of Complaint / Claim:** (Tick where applicable)

- ☐ Unauthorized Data Processing
- ☐ Data Breach / Security Concern
- ☐ Incorrect or Incomplete Data
- ☐ Violation of Data Privacy Rights
- ☐ Other (Specify): _____

8. Detailed Description of Complaint / Claim:

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(Attach supporting documents if applicable)

9. Requested Resolution or Action:

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SECTION C: CONSENT & DECLARATION

10. Consent Declaration:

- ☐ I hereby submit this complaint/claim to the LTGS Data Protection Officer for review and resolution.
- ☐ I acknowledge that LTGS Rwanda Plc will investigate this matter in accordance with Rwanda's Personal Data Protection and Privacy Law.
- ☐ I understand that I will be contacted for further information or resolution updates as needed.

11. Requestor's Signature:

REQUESTOR'S FULL NAMES	ISSUED DATE	SIGNATURE

FOR LTGS DATA PROTECTION OFFICER USE ONLY

RECEIVED BY	POSITION	RECEIVED DATE	SIGNATURE
		___/___/___	