



### INTERNATIONAL DATA TRANSFER FORM

Notification Form  
Reference No. (*if available*)

Name of Data Controller:

Organisation:

Address:

Telephone Number:

E-Mail Address:

#### Details of Transfer

Third Country or Countries to which data will be transferred:

Nature of Data being transferred:

Purpose(s) of Transfer:

Duration of Transfer:

(Indicate whether this is a one off or an ongoing processing operation)



**Other Conditions of Transfer**

Kindly answer the following questions and forward any document or evidence, which the Commissioner may require in order to evaluate the transfer request.

1. Is the transfer of personal data necessary to implement any convention to which Malta is a party or any other international obligation of Malta?

YES

NO

2. Does the data subject give the unambiguous consent to the proposed transfer of data?

YES

NO

If YES, please forward a sample of the consent form.

3. Is the transfer necessary for the performance of a contract involving the data subject?

YES

NO

If YES, please forward a sample copy of the contract.

4. Is the transfer required:

(a) on public interest grounds? YES  NO

(b) to establish, exercise, or defend legal claims? YES  NO

5. Is the transfer necessary in order to protect the vital interests of the data subject?

YES

NO

6. Is the transfer made from a register available to the public?

YES

NO

7. Are there any contractual provisions with respect to the protection of privacy in order to regulate the processing of personal data involved in the transfer?

YES

NO

If YES please forward a copy of the agreement.

**Name**  
**(in blocks)**

**Signature**