

Notification of New Process Form



Office of the Data Protection Commissioner

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- Use this form if you are a Data Controller who has already notified processing operations.
- Please complete this Form in BLOCK CAPITALS.

1. Details of Data Controller

Data Controller:

Registration Number:

If Registration Number is not available, complete the following details:

Name of Organisation:

Business Address:

2. New processing operation(s) and a brief description of purpose

Additional to Section 5.1 of first Notification Form (Use other sheets if necessary)

Tick the sections below which are applicable to the new process(s).

3. Categories of data subjects about whom processing is performed.

Section 5.2 of original Notification Form

Employees & staff members (including directors)	<input type="checkbox"/>	Correspondents/Enquirers	<input type="checkbox"/>
Customers/clients	<input type="checkbox"/>	Suppliers	<input type="checkbox"/>
Shareholders	<input type="checkbox"/>	Students	<input type="checkbox"/>
Social Assistance Beneficiaries/ Individuals	<input type="checkbox"/>	Patients	<input type="checkbox"/>
Members/Supporters	<input type="checkbox"/>	Relatives/Guardians	<input type="checkbox"/>
Others – Specify:	<input type="text"/>		

4. Categories of data relating to the data subject *(Tick where appropriate)*

Section 5.2 of original Notification Form

Personal details which identify the data subject	<input type="checkbox"/>
Business process specific details	<input type="checkbox"/>
HR And Employment Details <i>(including qualifications, payroll)</i>	<input type="checkbox"/>
Financial Details	<input type="checkbox"/>
Family/Lifestyle/Social Circumstances	<input type="checkbox"/>
Statistics/ Research Details	<input type="checkbox"/>
Others	<input type="checkbox"/>

*Brief General
Description:*

5 Sensitive Personal Data *Section 5.4 of original Notification Form*

- Racial & Ethnic Origin
- Political Opinion
- Religious or Philosophical Belief
- Trade Union membership
- Health
- Sex Life

6. Recipients to whom Personal Data may be disclosed:

Section 6 of original Notification Form

- Data Subjects themselves
- Relatives/Guardians
- Employees within the Organisation
- Other organisations processing data on behalf of the Data Controller
- Government/Regulatory Authorities
- Other Third Parties

Specify:

7. Transfer of Personal Data Abroad

Section 7 of original Notification Form

- No transfer of data is made
- Data is transferred to EU Member States
- Data is transferred to other third countries

(Refer to the International Data Transfer Form – complete all the required information and attach any supporting documents relating to the transfer. Submit together with this Form)

8. Security measures relating to processing

Section 8 of original Notification Form

Do you have access controls to information?
(Eg. Passwords, access rights/privileges etc.)

Yes

No

Do you have physical security safeguards?
(Eg. Locking of file cabinets, computers, offices etc.)

Yes

No

Other security measures

Specify:

Name in Blocks:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		