Data subject access request



for Retail customers - Savings

Guidance notes

Before you start Under the current data protection legislation you are entitled to request ar personal information that Lloyds Banking Group holds about you. Deceased customers This form should not be used for deceased customers. To request information a deceased customer please send a written request to: Bereavement Unit Dept 62 42 Box 4 BX1 1LT	To prevent any delay in processing your request, please make sure that the information you send us is correct.
1 Requester details	
Are you (please cross one box only): A third party acting on bel of the customer of the customer of the customer	nalf
1.1 Customer details (Mandatory)	
Title Mr Mrs Miss Ms Other (please specify)	Second previous address
Your last name	Postcode
	Country
Your first names	Third previous address
Your previous name (if applicable)	Postcode
Tour previous name (if applicable)	Country
Your date of birth D D M M Y Y Y Y	Can we contact you by phone? Yes No If Yes please give your phone numbers below:
Your home address (where you live)	Your telephone numbers and area dialling codes
Postcode	(include any country codes if applicable) Home
Country	Mobile
Do you have any other previous addresses? Yes N	Work
Do you have any other previous addresses:	What is the best number to contact you on? Home Mobile Work
If Yes to help us find your historic information, please provide up to three previous addresses:	
First previous address	When is the best time to contact you?
Postcode	Please note: We will only use your phone number to contact you about this request and will not update your customer record or pass it on to a third party.

1 Requester details	continued
1.2 Representative details	
A Representative is someone who is identified on our system that has access to act on behalf of the customer; this is accompanied with legal documentation (i.e. Power of Attorney or Letter of Authority).	An example of a representative maybe a legal guardian/carer that has the right to act on behalf of the named customer. If we do not have your details on record we may contact you to obtain these details.
Title Mr Mrs Miss Ms Other (please specify) Your last name Your first names Your home address (where you live)	Your e-mail address (if you have one) Your telephone numbers and area dialling codes Home Mobile Work How are you related to the customer? Power of Attorney Relative Family friend
Postcode	Other (please specify)
Country	Other (pieuse specify)
1.3 Third Party details	If you are a relative please tell us how you are related to the customer
A Third Party is a company who is instructed to act on behalf of the named customer, this will be accompanied with legal documentation (i.e. Power of Attorney or Letter of Authority).	A Letter of Authority will be required before we can proceed with the request, naming the third party and signed by the customer within the last 6 months. We will write out to you to request this. If we do not have your details on record we may contact you to obtain these details.
Title Mr Mrs Miss Ms Other (please specify) Your last name	Your telephone numbers and area dialling codes Home Mobile
Your first names Company name Company address	Work How are you related to the customer? Solicitor Other (please specify)
Postcode Country	Please provide us with your company identifier in the relevant field below: ICO number SRA number (Solicitors only)

2 How you re	eceive your data	
post.	er via secured email or recorded delivery in the	Your e-mail address (if you have one)
In which format would you (please cross one box only	· · · · · · · · · · · · · · · · · · ·	
Post	E-mail	Any posted responses will be sent to the registered address held on our system.
3 Product de	tails you are requesting information	on
Do you require informatio held with MBNA?	n on all your savings products Yes No	If No please choose the relevant option (please cross one box only):
Held With MidNA?		I know the details for the savings accounts I require information about (Please complete details for up to two savings accounts below)
If Yes:		I do not know the details for the savings accounts that I require
 you may receive information relating to all current and historic products/ services you hold, or have held, during your time as a customer; 		information about (We'll send you information about all of the savings accounts held with MBNA)
this could result in your some/most of which	ou receiving several large packages of information you may not want.	I do not know the details for the savings accounts that I require information about (We'll send you information about all of the savings accounts held with MBNA)
First savings accou	int (if applicable)	Second savings account (if applicable)
Your unique reference nur	mber	Your unique reference number
Do you require all informa	ation on this account? Yes No	Do you require all information on this account? Yes No
If No what information do	you require (please cross all that apply):	If No what information do you require (please cross all that apply):
Statement Complain file	t Application agreements	Statement Complaint Application Statement file agreements
Other (please specify)		Other (please specify)
Complaint number (if appl	icable)	Complaint number (if applicable)
Choose a time period/date	range (not applicable if all information was selected)	Choose a time period/date range (not applicable if all information was selected)
Date from	Date to	Date from Date to
D D M M M M		

Please note: We will endeavour to provide the data selected, however this

may not be possible as MBNA may not hold the data for the whole of the data range selected.

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4 Your declaration (I	Mandatory)	
By submitting this form, I confirm that I understand that my identity will be checked in line with the Lloyds Banking Group policy and that if any details do not match their records, they may need to contact me for further details.		Your signature
		Date
5 Next steps		
After we receive your request, you will be sent an acknowledgement letter. You		If the information you submit does not match our records or your request is for
will receive the information on the registered correspondence address on our system.		one of our other Group companies, we may contact you for further information.
6 How did you hear	about this service (optional)	
Please tell us how you heard about our information service request:		
Online	Telephone banking	
Other (please specify)		