

# Data Subject Rights (DSR) Form - Access My Data

**Bank of Ireland**  **UK**

The Partnership Bank

Please complete the below interactive form and post your request to:  
 Bank of Ireland UK, UK Centralised DSAR/DSR Team, PO Box 3191, Bristol, BS1 9HY

## Customer Information

\* Denotes Mandatory Field

 Personal Customer 

 Business Customer 

 Other 

If other (Please specify)

E.g. beneficiary, guarantor, director

## Your Personal Details

 First Name:\* 

 Middle Name: 

 Surname:\* 

Date of Birth:\*

  /   /  

 Email:\* 

Mobile No.:\*

         

 House/ Flat number or House Name:\* 

 Street:\* 

 Town/ County:\* 

 Postcode:\* 

### BANK OF IRELAND UK ACCOUNT NUMBERS ARE IMPORTANT:

Please list all your Bank of Ireland UK account numbers below that are relevant to your request. (Please use multiple forms if required)

## Your Accounts

Please advise us where you opened your account\*:

 AA Financial Services: 

 Bank of Ireland UK: 

 Post Office Money: 

 Northridge Finance: 

 Marshall Leasing: 

Bank of Ireland UK is a trading name of Bank of Ireland (UK) plc which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 512956. You can confirm our registration on the FCA's website. Registered in England & Wales (No. 7022885), Bow Bells House, 1 Bread Street, London, EC4M 9BE.

Northridge Finance is a trading name of NIIB Group Ltd which is authorised and regulated by the Financial Conduct Authority under registration number 671302. You can confirm our registration on the FCA's website. Registered in Northern Ireland (No. NI3721) 1 Donegall Square South, Belfast, BT1 5LR.

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## Your Accounts

\* Denotes Mandatory Field

Hire Purchase/Lease:                      Sort Code:                        Account No.:   
Sort Code:                        Account No.:

Mortgages:                                      Sort Code:                        Account No.:   
Sort Code:                        Account No.:

Savings:    Sort Code:                        Account No.:   
Sort Code:                        Account No.:

Credit Card:                                      Card No:      
Card No:

Current Accounts:                              Sort Code:                        Account No.:   
Sort Code:                        Account No.:

Unsecured Loan:                              Sort Code:                        Account No.:   
Sort Code:                        Account No.:

Cash ISA:    Sort Code:                        Account No.:   
Sort Code:                        Account No.:

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Please provide us with additional information, if relevant, to help us meet your request.

Do you require information on a complaint you raised?\*

Yes:

No:

Have you raised a query about a Payment Protection Insurance Policy?\*

Yes:

No:

Please provide a specimen of your signature below.

Please note that we will redact (or hide) the personal information of any other party to your account unless all signatories sign the section below.

Customer Signature\*:

Date of Birth:\*   /   /

Customer Signature\*:

Date of Birth:\*   /   /

Customer Signature\*:

Date of Birth:\*   /   /

Customer Signature\*:

Date of Birth:\*   /   /

## Internal Branch Use Only

Insert branch brand

I confirm that I checked that the accounts listed are in this customer's name(s).

I confirm that this instruction is signed in accordance with the mandate held for this account.

Verification method (Please tick)

SIG:

PIN:

KNOWN:

Staff Signature:

Date:   /   /

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