

Data Subject Rights (DSR) Form - Object to Auto Decision Making

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:*

Appeal Automated Decision:

Please advise us where you opened your account*:

AA Financial Services:

Bank of Ireland UK:

Post Office Money:

Northridge Finance:

Marshall Leasing:

Which Product did you apply for?*

Application Reference (if known)

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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CONTINUED.....

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Appeal Automated Decision:

Any further information you would like to provide?:

Please provide a specimen of your signature(s) below.

If you hold a joint account we will act on the request of one or more signatures.

Customer Signature:*	<input type="text"/>	Date	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
Customer Signature:	<input type="text"/>	Date	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
Customer Signature:	<input type="text"/>	Date	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
Customer Signature:	<input type="text"/>	Date	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>

INTERNAL BRANCH USE ONLY

- ▶ 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.

Insert branch brand

Verification method (Please tick) SIG: PIN: KNOWN:

Staff Signature Date / /

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