Data Subject Rights (DSR) Form - Third Party Consent to Access My Data

Bank of Ireland **SUK**

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:*	DD/MM/YY	
Email:*		Mobile No.:*		
House/ Flat number or House Name:*				
Street:*				
Town/ County:*				
Postcode:*				
Third Party Consent				
Please provide the details of th	e Third Part you wish to authori	se to have access to your data*:		
Third Party First Name:*	Т	hird Party Surame:*		
Third Party Date of Birth:*	D/MM/YY	hird Party Mobile No.: *		
Third Party Residential Address:*				
House/ Flat number or House N	Name:*			
Street:*				
Town/ County:*				
Postcode:*				
Please provide the purpose or reason the Third Party requires this information*:				
Please confirm the dates your consent will cover*:				
From: DD / MM / YY To: DD / MM / YY				

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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Bank of Ireland
UK

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CONTINUED.....

Your Accounts * Denotes Mandatory Field

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:			
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.:		

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CONTINUED.....

Your Accounts Con	tinued	* Denotes Mandatory Field		
Unsecured Loan:	Sort Code:	Account No.:		
Cash ISA:	Sort Code:	Account No.:		
Consent Authority 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:* DD / MM / YY		
Customer Signature*:		Date of Birth:* DD / MM / YY		
Customer Signature*:		Date of Birth:* DD / MM / YY		
Customer Signature*:		Date of Birth:* DD / MM / YY		
Internal Branch Use Or	nly			
I confirm that I checked that the accounts listed are in this customer's name(s).				
I confirm that this instruction mandate held for this account of the second sec	tion is signed in accordance with the count.			
Verification method (Plea	ase tick) SIG: PIN:	KNOWN:		
Staff Signature:		Date: / / /		

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