

Important Information

This form is to be used by individuals who wish to find out what information, if any, The Co-operative Bank (including smile) hold relating to them.

Please read through **each section** of this form carefully and **only request data that is necessary**.

Please complete the form using **CAPITAL** letters and **BLACK** ink.

Additionally, we may need to ask you to provide further identification to protect your data.

Once we have received your completed form, we will comply with your request within 30 days. This will be **provided by email** format unless stated otherwise.

Please return this form to:

Email: SARS.Lite@co-operativebank.co.uk OR

Post: The Co-operative Bank, PO Box 4931, Swindon, SN4 4PL

Section 1: About You

If the information requested relates to a joint account, we are required to gain consent from both parties.

First Applicant	Second Applicant (If applicable)
First Name:	First Name:
Surname:	Surname:
Current Address:	Current Address:
Postcode:	Postcode:
Telephone Number: (Optional but may be helpful if we need to contact you to clarify details)	Telephone Number: (Optional but may be helpful if we need to contact you to clarify details)
Type of Account:	Sort Code: (if applicable)
Account Number / Policy Number:	

Section 2: Does the information relate to you?

Please confirm whether the information requested is about you, or whether you are acting on behalf of the 'data subject' (this means the person who the information is about)

YES – the information I have requested relates to me	<input type="checkbox"/> Yes
NO – I am acting on behalf of the data subject and enclose their SIGNED WRITTEN AUTHORITY	<input type="checkbox"/> No

Section 3: Helping us to locate the information

Please only request the information that is required .	
1. List of bank account transactions and account charges (including subscriptions)	Date from: Date to:
2. Copy of any agreement/applications (not relating to any PPI Claim)	Date from: Date to:
3. Account Terms & Conditions	<input type="checkbox"/> Yes – Required <input type="checkbox"/> No – Not Required
4. Copies of any file notes on your account	Date from: Date to:
5. Audio or Visual (CCTV) Records. Please note: - Audio files are retained for a maximum of 3 years . - Visual files such as CCTV are retained for 30 days only . - We do not provide call transcripts.	Date from: Date to: Location(s): Adviser's Name(s):
6. Branch Customer Service Review (Please note these are retained for a maximum of 12 months)	Date from: Date to: Time(s): Branch Location:
7. Secure Messages transcript	Date from: Date to: Time(s):
8. Complaints information	Date from: Date to:
9. Personal Data (Address History/Employment History/Contact Information)	<input type="checkbox"/> Yes – Required <input type="checkbox"/> No – Not Required
10. Letters	Date from: Date to:

Section 4: Receiving your information

<input type="checkbox"/> I am happy to receive this information via email	Confirm Email:
<input type="checkbox"/> I wish to receive this information via post	<input type="checkbox"/> Paper format <input type="checkbox"/> Data disk format

Section 5: Signature

Signature:
