

# Data Request Form

Under the General Data Protection Regulation (GDPR), you have the right to access the personal information which Sainsbury's Bank holds about you or another person, where that person has provided authorisation for you to access their personal information. This form has been created to assist you with your request.

We do not charge for this service, but we may need to contact you to clarify any aspect of your request if we have any questions. We may also have to contact you if we require further proof of identity or written authorisation where you are accessing for another individual.

Please complete this form in full with as much detail as possible using BLOCK CAPITALS.

Full Name:	
Current Address:	
Previous Address:	
Use additional sheet if	
required	
Data of Dista	
Date of Birth:	
Preferred Contact	
Telephone Number:	
Email Address:	

# 1. Your details. Please note these details are mandatory for Sainsburys Bank to progress your request.



#### 2. Whose personal data are you requesting?

- Is your request to include personal data relating to somebody else? Complete section 3 first before proceeding to section 4
- Is your request to see your own personal data only?
  Proceed to section 4

### 3. 3<sup>rd</sup> party details:

Details of any person this request relates to, other than yourself. For example if you want personal data of a joint account holder or are requesting as a Power of Attorney. Please note these details are mandatory for Sainsburys Bank to progress your request.

Full Name:	
Current Address:	
Previous Address:	
Use additional sheet if required	
Date of Birth:	
What is your relationship with this other person?	

4. Do you wish to make a Data Subject Access Request or a Data Portability Request? For more information please go to: <u>https://www.sainsburysbank.co.uk/legals/leg-reg-privacy-policy</u>

Tick as appropriate:

Data Subject Access Request	
Data Portability Request	



5. Confirm the information you specifically would like to have access to. For example: personal data related to a specific product, transactional data such as copy statements, etc. Please use an additional sheet if required.

## 6. What products do you hold with Sainsbury's Bank?

Where known, please provide your account or policy number(s). Please use an additional sheet if required.

7. Has this request to include any information regarding Travel Money? Yes/No

Where Yes, if known please provide any relevant order number(s) or transaction date(s). Please use an additional sheet if required.

8. Confirm any specific date range(s) your access request should cover.

9. Do you have any preference as to how you would like to receive your response?

For example by post or via our electronic portal. Unless asked otherwise, we will provide your response via the method we received your request. Please note that if you request the electronic portal, you must provide us with a contact email address in section 1.



#### 10. Do you have any special requirements?

We can provide your response in braille, large print or audio.

#### 11. Declaration

1 <sup>st</sup> person	(print	name)	:
------------------------	--------	-------	---

Sign:

Date:

2nd person (print name):

Sign:

Date:

I certify that the information given above is correct. I accept that I am not entitled to information that reveals details concerning another person, without Sainsbury's Bank receiving their explicit authorisation. I understand Sainsbury's Bank may need to ask for more information in relation to my request in order to complete identity verification and respond to my request.

#### What next

#### Please check that you have:

- Provided as much information as possible on the form
- Signed and dated the form
- Enclosed any written authority from the person named in section 3. Please ensure you provide either an original document or certified copy of this person's written authority if you are aware Sainsbury's Bank do not already have this on file.
- Enclose any additional sheets of paper you have used

\*Certified copy meaning copies can be certified by a professional person such as a Banker, Financial Advisor, Teacher, Doctor, etc. The person signing the copy must give their full name, address & occupation.

#### Send your completed data request form and additional attachments to:

Sainsburys Bank DSAR Team PO Box 4955 Worthing BN11 9ZA

#### **Responses:**

Once we have reviewed your request we will let you know how long it will take and if any further information is required.