

THE EQUITABLE LIFE ASSURANCE SOCIETY

**SUBJECT ACCESS REQUEST under the DATA PROTECTION ACT 1998**

**This form should be completed and returned to:**

**C/o Andrew Henley  
IT Architect and Information Security  
The Equitable Life Assurance Society  
Walton Street  
Aylesbury  
Bucks  
HP21 7QW**

Full names of applicant (in block capitals)

.....

Address

.....

.....

Postcode ..... Telephone .....

Date of birth .....

**1.        NOTIFICATION**

The Society has separate notifications in respect of itself and its subsidiaries. Please tick one or more of the following boxes to indicate where any personal data may be held about you (a separate fee will be charged in respect of each notification indicated):

The Equitable Life Assurance Society  
Staff Pension Fund

**2. RELATIONSHIP**

To assist us in locating any personal data held about you, please complete the following sections regarding your relationship to us:

**Client:** Are you a client of the Society? Yes No

If no then please go to section marked “**Staff**”.

If yes, please answer the following questions:

Existing policyholder? Yes No

Type of policy in respect of which we may hold data about you (please tick appropriate boxes):

Life	<input type="checkbox"/>
Retirement annuity for the self-employed	<input type="checkbox"/>
Individual pension	<input type="checkbox"/>
House and Income Plan	<input type="checkbox"/>
Group scheme	<input type="checkbox"/>

Policy number(s), if any:  
(if additional space required please use a separate sheet)

.....  
.....  
.....

Please specify any of our branch offices which you have had dealings with before we closed to new business in 2000

.....

**Staff:** Are you a staff member or former staff member? Yes No

If no then please go to section marked “**Other**”.

If yes, please indicate which team and manager you work for, or worked for when you left The Society, to help us undertake the appropriate searches:

.....

**Other:** If you are not a policyholder or a member of staff, please give details of your relationship with us (e.g. professional intermediary, tenant etc):

.....

**3. STATEMENT BY THE APPLICANT**

Reason for request:

.....  
.....  
.....

I request access under the terms of the Data Protection Act 1998 to the personal data relating to me held by you as described above. I enclose a cheque for £..... (£10.00 for each form of notification) made payable to: The Equitable Life Assurance Society.

Signed ..... Dated .....

Cross/Strike through the following if not appropriate

**4. APPLICANT'S AUTHORITY TO PROVIDE DATA TO THIRD PARTY**

If you would like your data to go to someone other than yourself please give your authority for them to receive your personal data by completing this section

I, .....[Name of Applicant] authorise the Society to provide my personal data to the third party named below in satisfaction of my rights under the Data Protection Act 1998.

Name of Third Party: .....

Third Party's Company or Firm: .....

Address of Third Party / Company or Firm:.....

.....  
.....

Contact Telephone Number of Company or Firm:.....

Limitation of Authority:.....

.....

Signed..... Dated.....

**5. THIRD PARTY DATA SUBJECT CONSENT**

If your personal data is likely to contain other people's data (i.e. Joint Policyholders) and you would like to see it, please obtain their consent by completing this section

I,.....[Full Name of Third Party Data Subject]

Of.....[Address of Third Party Data Subject],  
born the.....day of .....19....., authorise the Society to provide to the Applicant copies of all my personal data that may appear on their file to comply with their subject access request .

Signed.....

Dated.....