

#### THE EQUITABLE LIFE ASSURANCE SOCIETY

### **DATA REQUEST**

This form should be completed and returned to:

C/o Bev Hodgson
Information Security
The Equitable Life Assurance Society
Walton Street
Aylesbury
Bucks
HP21 70W

HP21 7QW	
Full names of applicant (in block capital	s)
Address	
Postcode	
Telephone	
Date of birth	
1. <u>NOTIFICATION</u>	
Please tick one or more of the following may be held about you:	g boxes to indicate where any personal data
The Equitable Life Assurance Society	
Staff Pension Fund	

## 2. <u>RELATIONSHIP</u>

To assist us in locating any personal dat following sections regarding your relationship		please complete	e the
Client: Are you a client of the Society?	Yes	No	
If no then please go to section marked "Sta	aff".		
If yes, please answer the following question	ns:		
Existing policyholder?	Yes	No	
Type of policy in respect of which we appropriate boxes):	may hold data al	oout you (please	tick
Life Retirement annuity for the self-employed Individual pension House and Income Plan Group scheme			
Policy number(s), if any: (if additional space required please use a s	eparate sheet)		
Please specify any of our branch offices wh closed to new business in 2000:	ich you have had d	 ealings with befo	re we
Staff: Are you a staff member or former st	aff member?	Yes	No
If no then please go to section marked "O	ther".		
If yes, please indicate which team and mayou left The Society, to help us undertake	• •	•	when
Other: If you are not a policyholder or a merelationship with us (e.g. professional inter		_	your

Cross/Strike through the following if not appropriate

# 3. <u>APPLICANT'S AUTHORITY TO PROVIDE DATA TO THIRD PARTY</u>

If you would like your data to go to son authority for them to receive your perso	meone other than yourself please give your onal data by completing this section
I, [Na	ame of Applicant] authorise the Society to
provide my personal data to the third pa under the data protection laws.	arty named below in satisfaction of my rights
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:	
4. STATEMENT BY THE APPLICANT	REQUESTING DATA
Reason for request:	
Signed	
Dated	

# 5. THIRD PARTY DATA SUBJECT CONSENT

and you would like to s	see it, please obtain their consent by completing this section
l,	[Full Name of Third Party Data Subject]
of	
	[Address of Third Party Data Subject], born the
day of19, 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

If your personal data is likely to contain other people's data (i.e. Joint Policyholders)