

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 7QW

Full names of applicant (in block capitals)

Address

Postcode _____

Telephone _____

Date of birth _____

1. NOTIFICATION

Please tick one or more of the following boxes to indicate where any personal data may be held about you:

The Equitable Life Assurance Society

Staff Pension Fund

Cross/Strike through the following if not appropriate

3. 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 laws.

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

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 _____