

DATA REQUEST

This form should be completed and returned to:

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

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 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):

.....
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 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.....