

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 and 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

Retirement annuity for the self-employed

Individual Pension

House and Income Plan Group scheme

Policy number(s), if any

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

(if additional space required please use a separate sheet)

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 us, 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. 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
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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
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