

# Data subject access request

## for Retail customers - Credit cards / Loans



### Guidance notes

#### Before you start

Under the current data protection legislation you are entitled to request any personal information that Lloyds Banking Group holds about you.

#### Deceased customers

This form should not be used for deceased customers. To request information for a deceased customer please send a written request to:

**Bereavement Team**  
5th Floor Westminster House  
11 Portland Street  
Manchester M1 3HU

#### Which products can you use this form for:

- Credit cards
- Loans

To prevent any delay in processing your request, please make sure that the information you send us is correct.

If you would prefer to complete this printed version of the form, please send it to:-

**MBNA Limited**  
Data Subject Access Request Team (C41)  
The Green Building  
Kirkstall Road  
LEEDS  
LS78 1LB

#### Please note:

There may be a faster way to retrieve the information you require. Please send a letter to the address for the specific requests listed below:

- **CCA Section 77 requests for application forms for Loans:**  
MBNA Limited  
Credit Card Operations  
The Green Building, Kirkstall Road  
LEEDS, LS78 1LB
- **CCA Section 78 requests for application forms for Credit Cards:**  
MBNA Limited  
Credit Card Operations  
The Green Building, Kirkstall Road  
LEEDS, LS78 1LB
- **Online banking users can access the most recent statements by logging in or can write in to:**  
MBNA Limited  
Copy Statement Team  
Credit Card Operations  
The Green Building, Kirkstall Road  
LEEDS, LS78 1LB

Please write clearly in the white spaces with capital letters or cross the boxes.

## 1 Requester details

Are you (please cross **one** box only):

The customer

A representative of the customer

A third party acting on behalf of the customer

Please complete the following section(s):

- for Customer Section 1.1
- for Representative Section 1.1 & 1.2
- for Third Party Section 1.1 & 1.3

### 1.1 Customer details (Mandatory)

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your previous name (if applicable)

Your date of birth

       

Your home address (where you live)

Postcode

Country

Do you have any other previous addresses?

Yes

No

If **Yes** to help us find your historic information, please provide up to three previous addresses:

First previous address

Postcode

Country

Second previous address

Postcode

Country

Third previous address

Postcode

Country

Can we contact you by phone?

Yes

No

If **Yes** please give your phone numbers below:

Your telephone numbers and area dialling codes (include any country codes if applicable)

Home

Mobile

Work

What is the best number to contact you on?

Home

Mobile

Work

When is the best time to contact you?

Time

#### Please note:

We will only use your phone number to contact you about this request and will not update your customer record or pass it on to a third party.

## 1.2

## Representative details

A **Representative** is someone who is identified on our system that has access to act on behalf of the customer; this is accompanied with legal documentation (i.e. Power of Attorney or Letter of Authority).

An example of a representative maybe a legal guardian/carer that has the right to act on behalf of the named customer.

If we do not have your details on record we may contact you to obtain these details.

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Your e-mail address (if you have one)

Your last name

Your telephone numbers and area dialling codes  
 Home   
 Mobile   
 Work

Your first names

Your home address (where you live)  
  
  
  
  
 Postcode   
 Country

How are you related to the customer?  
 Power of Attorney  Relative  Family friend

Other (please specify)

If you are a relative please tell us how you are related to the customer

## 1.3

## Third Party details

A **Third Party** is a company who is instructed to act on behalf of the named customer, this will be accompanied with legal documentation (i.e. Power of Attorney or Letter of Authority).

A Letter of Authority will be required before we can proceed with the request, naming the third party and signed by the customer within the last 6 months. We will write out to you to request this.

If we do not have your details on record we may contact you to obtain these details.

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Your telephone numbers and area dialling codes  
 Home   
 Mobile   
 Work

Your last name

How are you related to the customer?  
 Solicitor  CMC  Debt Managers

Your first names

Company name

Other (please specify)

Company address  
  
  
  
 Postcode   
 Country

Please provide us with your company identifier in the relevant field below:

ICO number

SRA number (Solicitors only)

CRM number (CMCs only)

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How would you like to receive your data

Lloyds Banking Group usually sends you your data using an electronic file share portal but can be sent by post if requested.

Please confirm how you would like to receive your data (please cross **one** box only):

Electronically  Post

If you have requested your data to be sent by **Post**, any requested files (paper, video or audio) will be sent to the registered address held on our system.

If you have requested your data to be sent **electronically**, please complete the following fields below:

Your e-mail address

Your mobile telephone number

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Product details you are requesting information on

Do you require information on **all** your products held with MBNA Limited? Yes  No

If Yes:

- you may receive information relating to all current and historic products/ services you hold, or have held, during your time as a customer;
- this could result in you receiving several large packages of information some/most of which you may not want.

If **No** what products are you requesting information on (please cross **all** that apply):

Credit cards  Loans  Other products

Please complete the following sections (if applicable):

- for **Credit cards** Section 3.1
- for **Loans** Section 3.2
- for **other products** Section 3.3

**Please note:** You can only request information on a maximum of **two** accounts for each product type you hold with us.

3.1

Credit card accounts

Please choose the relevant option (please cross **one** box only):

I want to request data for **all** my credit card accounts  I **know some** of the details for the credit card(s) that I require information about (We'll send information about **all** of the credit card accounts held with MBNA Limited)

I **know** the details for the credit card accounts that I require information about (Please complete details for up to **two** credit card accounts below)  I **do not know** the details for the credit card(s) that I require information about (We'll send information about **all** of the credit card accounts held with MBNA Limited)

First credit card account (if applicable)

Your credit card number

Do you require **all information** on this credit card account? Yes  No

If **No** what information do you require (please cross **all** that apply):

Statement  Charges  Complaint file  Debt management  Application agreements

Other (please specify)

Complaint number (if applicable)

Debt management number (if applicable)

Choose a time period/date range (not applicable if **all information** was selected)

Date from  Date to

**Please note:** We will endeavour to provide the data selected, however this may not be possible as MBNA Limited may not hold the data for the whole of the date range selected.

Second credit card account (if applicable)

Your credit card number

Do you require **all information** on this credit card account? Yes  No

If **No** what information do you require (please cross **all** that apply):

Statement  Charges  Complaint file  Debt management  Application agreements

Other (please specify)

Complaint number (if applicable)

Debt management number (if applicable)

Choose a time period/date range (not applicable if **all information** was selected)

Date from  Date to

**Please note:** We will endeavour to provide the data selected, however this may not be possible as MBNA Limited may not hold the data for the whole of the date range selected.

3.2 Loan accounts

Please choose the relevant option (please cross **one** box only):

I want to request data for **all** my loan accounts

I **know some** of the details for the loan accounts that I require information about (We'll send information about **all** of the loan accounts held with MBNA Limited)

I **know** the details for the loan accounts that I require information about  
(Please complete details for up to **two** loan accounts below)

I **do not know** the details for the loan accounts that I require information about (We'll send information about **all** of the loan accounts held with MBNA Limited)

First loan account (if applicable)

Your loan account number

Do you require **all information** on this loan account?

Yes  No

If **No** what information do you require (please cross **all** that apply):

Statement  Charges  Complaint file  Debt management  Application agreements

Other (please specify)

Complaint number (if applicable)

Debt management number (if applicable)

Choose a time period/date range (not applicable if **all information** was selected)

Date from         Date to

**Please note:** We will endeavour to provide the data selected, however this may not be possible as MBNA Limited may not hold the data for the whole of the date range selected.

Second loan account (if applicable)

Your loan account number

Do you require **all information** on this loan account?

Yes  No

If **No** what information do you require (please cross **all** that apply):

Statement  Charges  Complaint file  Debt management  Application agreements

Other (please specify)

Complaint number (if applicable)

Debt management number (if applicable)

Choose a time period/date range (not applicable if **all information** was selected)

Date from         Date to

**Please note:** We will endeavour to provide the data selected, however this may not be possible as MBNA Limited may not hold the data for the whole of the date range selected.

3.3 Other products

Please list the other products or accounts that you require information on and provide any additional information that may assist us in fulfilling your request

  
  
  


To help us understand your request, please choose one of the following options (cross **one** box only):

I'm looking for information about PPI

I'm looking for details about fraud on my account

I'm looking for details about a complaint

I prefer not to say

Other (please give details – e.g. you need the information to provide to your accountant)

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## Your declaration (Mandatory)

By submitting this form, I confirm that I understand that my identity will be checked in line with Lloyds Banking Group policy and that if any details do not match their records, they may need to contact me for further details.

Your signature

Date

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## Next steps

After we receive your request, you will be sent an acknowledgement letter. You will receive the information to the registered correspondence address on our system.

If the information you submit does not match our records or your request is for one of our other Group companies, we may contact you for further information.

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## How did you hear about this service (optional)

Please tell us how you heard about our information service request:

Online

Telephone banking

Other (please specify)