Data subject access request

mbna

for Retail customers - Credit cards / Loans

Guidance notes

Country

Galdance hote					
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) Keens House, Anton Mill Road, Andover, SP10 2NQ			 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 BX1 1LT CCA Section 78 requests for application forms for Credit Cards: MBNA Limited Credit Card Operations BX1 1LT Online banking users can access the most recent statements by logging in or can write in to: MBNA Limited Credit Card Operations BX1 1LT 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 BX1 1LT Please write clearly in the white spaces with capital letters or cross the boxes. 		
1 Requester det	ails				
	nly): A representative of the customer	A third party acting on behalf of the customer	Please complete the following section(s):for CustomerSection 1.1for RepresentativeSection 1.1 & 1.2for Third PartySection 1.1 & 1.3		
1.1 Customer deta	ails (Mandatory)				
Title Mr Mrs Miss	Ms Other (please specifi		Second previous address		
		y)			
			Pos	stcode	
Your last name			Country		
			·		
Your first names			Third previous address		
Your previous name (if applicat	ole)			stcode	
			Country		
Your date of birth			Can we contact you by phone?	Yes No	
Your home address (where you live)		If Yes please give your phone numbers below:			
			Your telephone numbers and area dialling code (include any country codes if applicable)	2S	
	Postcode		Home		
Country			Mobile		
Do you have any other previous addresses? Yes No			Work		
If Yes to help us find your histo			What is the best number to contact you on?	Home Mobile Work	
please provide up to three prev First previous address	אוטעט מעעו פאטפא.		When is the best time to contact you?	Timo	
nisc previous address			When is the best time to contact you?	Time H H H M M	
Postcode			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	Requester details	continued
1.2	Representative details	
access t	sentative is someone who is identified on our system that has o act on behalf of the customer; this is accompanied with legal ntation (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.
Your las Your firs	et names me address (where you live)	Your e-mail address (if you have one) Your telephone numbers and area dialling codes Home Mobile Work 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	
custome	Party is a company who is instructed to act on behalf of the named er, this will be accompanied with legal documentation (i.e. Power of 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.
Your las Your firs Compar	et names ny name ny address Postcode	Your telephone numbers and area dialling codes Home Mobile Work How are you related to the customer? Solicitor CMC Debt Managers Other (please specify) Please provide us with your company identifier in the relevant field below: ICO number SRA number (solicitors only)
		CRM number (CMCs only)

(please cross one box only): The DVD format is only compatible with Window devices. It is not suitable for MacBooks or stand-alone DVD players. DVD Printed document Any requested files (paper, video or audio) will be sent the registered address held on our system. 3 Product details you are requesting information on Do you require information on all your products held Yes No Please complete the following sections (if applicable): with MBNA Limited? for Credit cards Section 3.1 If Yes: Section 3.2 for Loans you may receive information relating to all current and historic products/ . for other products Section 3.3 . services you hold, or have held, during your time as a customer; Please note: You can only request information on a maximum of two this could result in you receiving several large packages of information accounts for each product type you hold with us. 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 **Credit card accounts** 3.1 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 do not know the details for the credit card(s) that I require I know the details for the credit card accounts that I require information about (We'll send information about all of the information about (Please complete details for up to two credit card accounts below) credit card accounts held with MBNA Limited) First credit card account (if applicable) Second credit card account (if applicable) Your credit card number Your credit card number Do you require all information on this credit card account? Do you require all information on this credit card account? Yes No Yes If No what information do you require (please cross all that apply): If No what information do you require (please cross all that apply): Complaint Debt Application Complaint Debt Application Statement Charges Statement Charges file management agreements file management agreements Other (please specify) Other (please specify) Complaint number (if applicable) Complaint number (if applicable) Debt management number (if applicable) Debt management number (if applicable)

In which format would you like to receive your data

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

How you receive your data

We provide your data either as printed documents or in DVD format via post.

2

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.

Date from Date to

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

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.

No

3	Product details you are requesting information on c				
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)		Second loan account (if applicable)			
Your loa	n account number		Your loan account number		
Do you	require all information on this loan account? Yes	No	Do you require all information on this loan account? Yes No		
If No wh	nat information do you require (please cross all that apply):		If No what information do you require (please cross all that apply):		
Stateme			Statement Charges Complaint file Debt management Application agreements		
Other (p	lease specify)		Other (please specify)		
Complai	int number (if applicable)		Complaint number (if applicable)		
Debt ma	anagement 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 D		Choose a time period/date range (not applicable if all information was selected) Date from Date to Date to D D M M M M M M D D M M M M M M 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 c	options	(cross one box only):		
I'm look	ing for information about PPI		I'm looking for details about fraud on my account		
I'm looking for details about a complaint		l prefer not to say			
Other (please give details – e.g. you need the information to provide to your accountant)					

4	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
5	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.
6	How did you hear about this service (optional)	
Please te	ell us how you heard about our information service request:	
Online	Telephone banking	
Other (please specify)		