

# MBNA customer questionnaire: Payment Protection Insurance

Please complete all sections of the questionnaire as fully as possible, so that your complaint can be assessed quickly. We aim to provide a response to your complaint within 8 weeks.

The questionnaire asks for:

- Some of your personal and financial details at the time of the Payment Protection Insurance (PPI) sale.
- Your recollections about what happened during the PPI sale.
- Your current contact details as we may need to get in touch – usually by email, phone or in writing.

If we call, we usually call from a withheld number – we'll leave a message if we miss you, or if you'd rather not answer. We might also send you a text message asking you to call us.

**The complaints process is easy to understand and free. We treat all complaints we receive in the same way. If you use a Claims Management Company (CMC) we won't treat the complaint any differently, but be aware they may take a share of any money you're entitled to.**

You might want to photocopy the questionnaire once you've completed it, just in case you need to make reference to it later or choose to refer your complaint to the Financial Ombudsman Service.

Please tick to indicate the product(s) your complaint relates to:

Credit card  Loan  Loans.co.uk  Business credit card

## Section A: about you

Our reference:

### A.1 Your name and contact details

#### Your details

Surname  Title   
First name(s)   
Date of birth   
| d d | m m | y y y y |

#### Previous name we may have known you as

Title

Address for writing to you, including your postcode

Daytime phone  Mobile   
Home phone  Email

Previous address your account was registered to, including its postcode (if applicable)

**A.2 If someone is complaining on your behalf please give us their details**

Their name	<input type="text"/>	Relationship to you	<input type="text"/>
Their address, including a postcode	<input type="text"/>		
Their daytime phone	<input type="text"/>	Their fax	<input type="text"/>
Their email	<input type="text"/>	Their reference	<input type="text"/>

**A.3 The account number(s) you're complaining about**

Don't worry if you don't have this information anymore – we can use your name and address to find any accounts.

**Section B: about the sale of the PPI**

**B.1 When did you take out this PPI?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Can't remember <input type="checkbox"/>
d	d	m	m	y	y	y	y	

**Section C: about your personal circumstances**

**Please note: this section should be completed in relation to your circumstances at the time you took out the PPI, NOT your current circumstances.**

**C.1 At the time you took out PPI, what was your employment status?**

<input type="checkbox"/> Employed (working 16 hours or more)	<input type="checkbox"/> Working fewer than 16 hours
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired
<input type="checkbox"/> Not working	<input type="checkbox"/> Student in full-time or part-time education
<input type="checkbox"/> Director of own company	<input type="checkbox"/> Not known
<input type="checkbox"/> Temporary/agency worker	<input type="checkbox"/> Other

If you were a student but *also* had a job, how many hours were you working each week?

**C.2 If you were employed or self-employed at the time you took out PPI, please answer the following:**

Occupation	<input type="text"/>
Employer(s) name	<input type="text"/>
Gross annual income before tax	£ <input type="text"/>
Time with employer	<input type="text"/> years <input type="text"/> months

**C.3 If you were employed at the time you took out PPI, would you have received any pay from your employer if you were off work due to an accident or sickness, or if you were made redundant?**

- Yes       No       Can't remember       Not relevant (as you were not employed)

**Please note:** statutory sick pay (SSP) and statutory redundancy pay (SRP) are the minimum payments the government requires an employer to pay. SRP is paid dependent upon an individual's age and time in service, with up to a week and a half's pay per year in service. **We want to know whether you would have received anything in addition to SSP and SRP.**

*If 'yes', please tell us in the two sections below what pay you would have received from your employer.*

**Sick pay:**

- I would have received statutory sick pay only.  
 I would have received additional benefit from my employer (please provide details below).

*Generally speaking, when an employer provides an additional sickness benefit it is usually for a certain amount of time at a percentage of salary i.e. 1 month's salary at 100% and 1 month at 50%. You need to tell us what your employer would have paid you below.*

My employer would have paid me sick pay for  month(s) at  % of salary  
then paid me a further (if applicable)  month(s) at  % of salary

- Other (please provide details in the space below)

**Redundancy pay:**

- I would have received statutory redundancy pay only.  
 I would have received additional benefit from my employer (please provide detail in the space below).  
 Other (please provide details in the space below).

**C.4 Has your employment status changed since you took out PPI?**

- Yes       No      *If 'yes', please tell us how and when below.*

**C.5 If you had not been able to work at the time you took out PPI (because you were ill, in an accident or had been made redundant), would you have had any other way of making your repayments?**

For example, from savings or other insurance policies.

Yes  No

*If 'yes', how would you have made your repayments, if you had not been able to work?*

**Savings:**  Yes  No

*If 'yes', please tell us about the savings you had, including the amount, how quickly they could be accessed and whether there was any penalty for doing so.*

**Investments:**  Yes  No

*If 'yes', please tell us how much you had invested, what it was invested in, how quickly it could be accessed and whether there was any penalty for doing so.*

**Other policy:**  Yes  No

*If 'yes', please tell us what this policy covered, how much it would have paid out and how long you would have had to wait to receive it.*

**Some other means:**  Yes  No

*If 'yes', please tell us about these other means and how much was available to you.*

**C.6 When you took out this PPI, did you have any health problems or were you registered as disabled?**

Yes  No *If 'yes', please tell us more below.*

What was your condition/disability (e.g. diabetes)?

When did this condition start (e.g. January 2005)?

What time off work did you have to take (e.g. one week in 2005, three weeks in total or none)?

## Section D: about your complaint

Tell us anything else which might support your complaint, including what happened when you took out PPI. For example, please tell us any details you remember about the PPI sale and your reasons for complaining.

If you need more space, please use the section at the end of this questionnaire.

**Tell us when you first realised there was a problem with the policy and why you are now unhappy with it.**

If you need more space, please use the section at the end of this questionnaire.

### Can we help make things easier?

You can use this box to tell us if you need additional support, e.g. someone helps manage your affairs, or you have a physical or mental health condition. Or, if you need us to communicate with you in a different format (e.g. large print).

Please note, by completing this section you consent to us recording all details you share, which might include sensitive information, e.g. about your health. This will only be used in relation to your PPI complaint.

If you need more space, please use the section at the end of this questionnaire.

### Payment details

Should we need to make a payment to your bank account, please provide us with the bank account number and sort code number you wish us to make the payment to. The bank account must be in your name (the cardholder) and to an account that accepts payment by BACS Direct Credit (e.g. a current account).

Bank account name:  
(Cardholder)

Bank account number:

Sort code:

# Section E: your declaration

## Important

- You need to sign here – even if *someone else* is bringing the complaint on your behalf.
- If someone is complaining for you (e.g. a *relative or solicitor*), your signature here means you authorise the person named in Section A to represent you in this complaint.
- (MBNA Loan/Loans.co.uk only)** if your loan is/was in joint names, both names and signatures are required. Please note that if both names and signatures are not provided, we will not be able to progress with your complaint.

## Declaration for MBNA credit card or MBNA loan:

*I confirm I want to make a formal complaint about the sale of the Payment Protection Insurance (PPI) described in this questionnaire. I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge.*

*I consent to you using this information when decisioning my complaint. MBNA may need to transfer your information outside of the European Economic Area including to the United States. If this is the case we will ensure appropriate safeguards are in place to protect your information. MBNA may need to share personal information with other organisations such as agents, advisors and service providers who act on our behalf and other companies within the Lloyds Banking Group. MBNA will keep information about you for only as long as we need to or are allowed to by law.*

*You have rights in relation to the information we hold about you. For more information about how we use your personal information, your rights and how to make a complaint about use of your information please see our privacy notice at [www.mbna.co.uk/privacy](http://www.mbna.co.uk/privacy) or you can ask us for a copy.*

<b>Your name</b>	<b>Your signature</b>	d	d	m	m	y	y
<b>Second applicant name (if applicable)</b>	<b>Second applicant signature (if applicable)</b>	d	d	m	m	y	y

## Declaration for a Loans.co.uk brokered loan:

*I / We confirm I/we want to make a formal complaint about the sale of the Payment Protection Insurance (PPI) described in this questionnaire.*

*I / We acknowledge that MBNA will deal with my/our complaint on behalf of Loans.co.uk.*

*I / We confirm that all the information I/we have given in this questionnaire is true and accurate to the best of my/our knowledge. I/We consent to MBNA (on behalf of Loans.co.uk) using this information when decisioning my/our complaint. MBNA (on behalf of Loans.co.uk) may need to transfer your information outside of the European Economic Area including to the United States. If this is the case we will ensure appropriate safeguards are in place to protect your information. MBNA (on behalf of Loans.co.uk) may need to share personal information with other organisations such as agents, advisors and service providers who act on our behalf and other companies within the Lloyds Banking Group. MBNA (on behalf of Loans.co.uk) store the information about you as long as we need to or are allowed to by law.*

*I / We acknowledge that MBNA (on behalf of Loans.co.uk) may need to share information with my/our lender or insurance company, as necessary, to obtain or provide information relating to my/our finance (including obtaining statements and/or transaction history as well as other information about the loan, such as the interest rate and amount of repayments for example) or PPI policy.*

*You have rights in relation to the information we hold about you. For more information about how we use your personal information, your rights and how to make a complaint about use of your information please see our privacy notice at [www.mbna.co.uk/privacy](http://www.mbna.co.uk/privacy) or you can ask us for a copy.*

<b>Your name</b>	<b>Your signature</b>	d	d	m	m	y	y
<b>Second applicant name (if applicable)</b>	<b>Second applicant signature (if applicable)</b>	d	d	m	m	y	y

**Please use this page if you need more space**

Question number	Your answer