

Important Information

This form is to be used by individuals who wish to find out what information, if any, The Co-operative Bank (Including Smile & Britannia) hold relating to them.

Please read through **each section** of this form carefully and **only request data that is necessary**.

Please complete the form using **CAPITAL** letters and **BLACK** ink.

Additionally, we may need to ask you to provide further identification to protect your data.

Once we have received your completed form, we will comply with your request within 30 days. This will be **provided by email** format unless stated otherwise.

Please return this form to:

Email: SARS.Lite@co-operativebank.co.uk OR

Post: The Co-operative Bank, PO Box 637, Salford, M5 0JP

Section 1: About You

If the information requested relates to a joint account, we are required to gain consent from both parties.

First Applicant	Second Applicant (If applicable)
First Name:	First Name:
Surname:	Surname:
Current Address:	Current Address:
Postcode:	Postcode:
Telephone Number: <small>(Optional but may be helpful if we need to contact you to clarify details)</small>	Telephone Number: <small>(Optional but may be helpful if we need to contact you to clarify details)</small>
Sort Code: <small>(if applicable)</small>	
Account Number(s) / Policy Number(s):	

Section 2: Does the information relate to you?

Please confirm whether the information requested is about you, or whether you are acting on behalf of the 'data subject' (this means the person who the information is about)

YES – the information I have requested relates to me	<input type="checkbox"/> Yes <input type="checkbox"/> No
NO – I am acting on behalf of the data subject and enclose their SIGNED WRITTEN AUTHORITY	

Section 3: Helping us to locate the information

Please **only request** the information that is **required**.

1. List of bank account transactions and account charges (including subscriptions)	Date(s):
2. Copy of any agreement/applications (not relating to any PPI Claim)	Date(s):
3. Account Terms & Conditions	<input type="checkbox"/> Yes – Required <input type="checkbox"/> No – Not Required
4. Copies of any file notes on your account	Date(s):
5. Audio or Visual (CCTV) Records. (Please note these are retained for a maximum of 3 years)	Date(s): Location(s): Advisor's Name(s):
6. Branch Customer Service Review (Please note these are retained for a maximum of 12 months)	Date(s): Time(s): Branch Location:
7. Secure Messages transcript	Date(s): Time(s): Advisor Name:
8. Complaints information	Date(s):
9. Personal Data (Address History/Employment History/Contact Information)	<input type="checkbox"/> Yes – Required <input type="checkbox"/> No – Not Required

Section 4: Receiving your information

<input type="checkbox"/> I am happy to receive this information via email	Confirm Email:
<input type="checkbox"/> I wish to receive this information via post	

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No. 990937. Credit facilities are provided by The Co-operative Bank p.l.c and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.