



Subject Access Request Form – Personal Data Only

How to complete the form																									
Please use a BLACK pen	,	2	Mark boxes like this If you make a mistake, do this and mark the correct box										Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word												
Sections marked with an * are mandatory and must be completed in full.																									
Applicant 1																									
*Full Name																									
	Day		М	onth			Ye	ar		1															
*Date of Birth		/			/																				
*Address																									
*Postcode																									
*Contact Number																									
Email Address																									
*National Sort Code (NSC)																									
*Account Number																									
Applicant 2																									
*Full Name																									
	Day	,	M	onth			Ye	ar																	
*Date of Birth		/			/																				
*Address																									
*Postcode																									
*Contact Number																									
Email Address																									
*National Sort Code (NSC)									-											-					
*Account Number																									

Subject Access Request Form 1 of 2

I wish to submit a request to Allied Irish Bank (GB) for my personal data as specified below Please select one 1. Specific Document(s) e.g. Loan Offer, Loan Agreement, Application Form option only Please specify Document(s) 2. Specific Account Number(s) Please specify Account(s) 3. All Accounts held by Allied Irish Bank (GB) *Document Collection AIB(GB) Branch Name *Document Collection Format (Select one option only please) Paper CD Applicant(s) must sign in order to validate request Signature Applicant 2 Signature Applicant 1 Day Month Month Year Day Year Date Date DATE STAMP FOR OFFICE USE ONLY

Return to AIB(GB) Branch or DP Unit, First Trust Centre, 92 Ann St, Belfast, BT1 3HH

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