

Payment Protection Insurance questionnaire

For bank use only

Our reference

Guidance notes

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THIS QUESTIONNAIRE.

What this questionnaire is for:

This questionnaire will help you explain to us what happened when the PPI was sold and what your circumstances were at the time. We appreciate you may not be able to answer all the questions, but please provide as much detail as you can remember, as it will help us evaluate your complaint. The questionnaire asks you for the personal and financial details needed to review your PPI complaint and allow us to arrive at a fair outcome.

Can we help make things easier?

Please tell us if you need some extra support or have any specific needs (e.g. someone helps manage your affairs), or you have a physical or mental health condition. Also, if you need us to communicate with you in a different format (e.g. large print), please let us know in section 7.2.

We may contact you to discuss your complaint and the information you have provided. Please note this will be from a withheld number. If you have any questions or are unsure on how to complete this questionnaire, you can contact us by calling: **0800 151 2449**.

What you need to do:

If you are concerned about the sale of another PPI policy it is important that you complete a **separate Questionnaire for each policy** as we need to understand your circumstances at the time of each sale (please photocopy this blank Questionnaire, or download and print a copy by visiting our website).

If there is a joint policy holder please provide this person's details in section 2, 7 and 10 and Supplementary Section 6.

It may take you some time to go through this questionnaire and get all your facts together. But having all the information in one place should mean your complaint can be assessed more quickly.

Please ensure that the answers to your questions relate to the time you took out the policy and not your circumstances today.

Also, please remember to include copies of any evidence you may hold to support your concerns.

Where you do not know the exact date it is important to provide at least the approximate month and year.

1

Policy details

Your policy/account number

Date you took out the policy

D	D	M	M	Y	Y
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All answers you give in this questionnaire must relate to this date when you took out the policy.

Please provide an approximate date where you are unable to recall the exact date.

What was the Payment Protection Insurance sold to cover you for?

Loan
(Personal)

Loan
(Business)

Mortgage

Credit
Card

Other (please give details below)

2 About you

2.1 Your personal details

Title	Mr	Mrs	Miss	Ms	Other (please specify)	Your contact address (where we can write to you)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Your last name						<input type="text"/>	
Your first names						<input type="text"/>	
Your date of birth						Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Details of second named person on the account (if applicable):						Please list any previous addresses that could relate to your PPI policy in Section 7: "Additional information".									
Title	Mr	Mrs	Miss	Ms	Other (please specify)	Your telephone numbers and area dialling codes		Select preferred contact number							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="checkbox"/>							
Your last name						Home	<input type="text"/>	<input type="checkbox"/>							
Your first names						Work	<input type="text"/>	<input type="checkbox"/>							
Your date of birth						Please provide us with the number that will be easiest to contact you on. We regularly contact customers when we need to clarify information to help us assess their complaint.									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Please state the best time(s) to contact you for further information. (please select all that apply)									
Your telephone numbers and area dialling codes						Mon	Tue	Wed	Thu	Fri					
Mobile	<input type="text"/>					AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Home	<input type="text"/>					PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Work	<input type="text"/>					When is the best time to call?									
Is your contact address the same as the person named above?						Yes						No			
If no please provide the address in Section 7.						<input type="checkbox"/>						<input type="checkbox"/>			
						Is a third party acting on your behalf (e.g. a relative or a solicitor)?						<input type="checkbox"/>		<input type="checkbox"/>	
						If yes please complete Section 2.2. If no please go to Section 3.									
						Please supply us with a security password so that we can identify ourselves if we need to contact you about this questionnaire.						<input type="text"/>			
						Please be aware – if we attempt to contact you for further information the incoming call you receive may be recorded as either 'withheld' or '0800 389 1811'. If we are unable to reach you we will attempt further contact.									

2.2 Details of the third party acting on your behalf (if applicable)

If you are using a third party (e.g. a relative or Claims Management Company), it is still important that if possible, you personally complete this questionnaire as fully as you can. This is because your recollections of the sale of the product will be used to help us assess your complaint.						Claims Management Company name (if applicable)					
						<input type="text"/>					
Title	Mr	Mrs	Miss	Ms	Other (please specify)	Contact address (where we can write to them)					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>					
Last name						<input type="text"/>					
First names						Postcode					
<input type="text"/>						<input type="text"/>					
What is their relationship to you?						Contact telephone numbers and area dialling codes					
Claims Management Company						Home					
<input type="checkbox"/>						Mobile					
Relative						Work					
<input type="checkbox"/>						<input type="text"/>					
Solicitor						Third party's reference					
<input type="checkbox"/>						<input type="text"/>					
Other (please explain)						Please note: if you authorise a Claims Management Company (CMC) to act on your behalf, then you will need to pay their fees from any refund you may receive from us.					
<input type="text"/>											

3.1 About the sale of your PPI policy

Why did you decide to take out the PPI policy?

Empty text box for response to 'Why did you decide to take out the PPI policy?'

How was the PPI policy sold to you? (e.g. branch, over the phone, Internet or something else)

Empty text box for response to 'How was the PPI policy sold to you?'

Where did the sale take place and who did you speak to (where applicable)?

Empty text box for response to 'Where did the sale take place and who did you speak to?'

Why are you unhappy with the PPI policy? (if you require additional space please continue on Section 7)

Large empty text box for response to 'Why are you unhappy with the PPI policy?'

3.2 About the use of your PPI policy

Have you ever made a claim on the PPI policy this questionnaire relates to?

Yes No Not known checkboxes

If yes was this claim:

Paid Rejected checkboxes

What was the reason for the claim and why, if applicable, was it rejected?

Empty text box for response to 'What was the reason for the claim and why, if applicable, was it rejected?'

Please give details of the evidence that you have sent with this questionnaire

Empty text box for response to 'Please give details of the evidence that you have sent with this questionnaire'

Have you now returned to work?

Yes No checkboxes

If yes please give start date

DDMMYY date input boxes

Please confirm below any further details of your claim that you believe are important: i.e. have you made any other Insurance claim in respect of the above, reasons you believe that a rejected claim should have been paid?

Empty text box for response to 'Please confirm below any further details of your claim that you believe are important...'

What was the period of the claim? Please be as precise as you can: (if the claim was rejected please include the period the claim would have been for).

Date from Date to DDMMYY DDMMYY input boxes

Please note: Please include any evidence from the claim period e.g. from an employer or doctor (if available).

5 Personal circumstances when you took out the policy (first named policy holder)

5.1 Your savings

At the point of sale, did you have any savings? Yes No

IMPORTANT:

- If you have answered **Yes** to the question above, it is important you provide the following information in as much detail as possible.
- If you don't know the exact amount please provide an approximate figure.

Amount of savings £	What were your savings for? (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society)	Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.2 Your employment status

Understanding your employment circumstances is very important when assessing your complaint. Please provide as much information as you can, especially if you had more than one job e.g. details about your hours worked, whether it was temporary or permanent, employed or self employed will all help us assess your complaint.

At the time you took out this PPI policy, what was your employment status?

Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Part time * <input type="checkbox"/>	Temp/agency worker <input type="checkbox"/>	Student <input type="checkbox"/>	Homemaker <input type="checkbox"/>

Other (please specify)

* If you worked **part time** when you took out the PPI policy, what were your contracted hours?

If you were **employed** when you took out the PPI policy please answer the following:

What was the name of your employer when you took out the PPI policy?

What type of work did you do when you took out the PPI policy?

What was your gross salary when you took out the PPI policy?
 (If you don't know the exact value please provide an approximate salary)
 £

What date did you start this employment?

Were you paying National Insurance Contributions at the time you took out the policy? Yes No

If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?

Did you have more than one job at the time you purchased the policy? Yes No

If yes please provide full details of this section in the Additional Information section at the back of this questionnaire including your contracted hours per week.

5 Personal circumstances when you took out the policy (**first named policy holder**) continued

5.3 Your employee benefits (if applicable)

Before you complete this section you may want to contact your employer at the time of the sale to verify this information (if possible)

IMPORTANT:

- It is important that you provide the following information, as we need to understand the level of employee benefits you had at the point of sale.

At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, if you were made redundant or for death in service?

Yes	No	Not known	N/A (e.g. not employed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU WERE **NOT EMPLOYED** WHEN YOU TOOK OUT THE PPI POLICY PLEASE GO STRAIGHT TO **SECTION 5.4**.

If **yes** please confirm the benefit details:

TYPE OF BENEFIT		Number of weeks full pay	OR	Number of months full pay	AND/OR	Number of weeks half pay	OR	Number of months half pay
Yes	No	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sick pay (payment you would have received from your employer due to being unable to work through sickness, over and above any statutory sick pay)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Redundancy (payment you would have received from your employer in the event of being made redundant, over and above any statutory redundancy pay. This is usually in the form of a lump sum payment equivalent to so many months/weeks of service. Please provide either the number of months or lump sum.)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Lump sum <input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Death in Service (payment you would have received from your employer were you to lose your life while still employed. This is usually in the form of a lump sum payment equivalent to a yearly multiplication of your annual salary. This may have been linked to your employers' pension scheme.)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>				Lump sum <input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>						

5.4 Change in employment status

Has your employment status changed since you took out the insurance?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** please confirm the following:

Details of change (e.g. unemployed, employed, self employed, retired, taken up a second job, became a student, etc) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date when you became aware that this change was going to occur M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date when the change took place M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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5 Personal circumstances when you took out the policy (**first named policy holder**) continued

5.5 Your health

At the time you took out the insurance policy, did you have any health problems or were you registered disabled? Yes No

IMPORTANT:

- If you have answered **Yes** to the question above, it is important you provide the following information in as much detail as possible.

If **yes** when did this condition first occur (please provide an approximate date if you don't recall the exact date)? D D M M Y Y

If **yes** please provide details of the condition

Has the condition resulted in you having time off work? Yes No

If you have been off work due to this condition, when was this and how long were you off work for?

At the time you took out the insurance policy, were you in receipt of any incapacity benefits? Yes No

If **yes** please provide details including the type of benefit and when you first claimed this? (please provide an approximate date if you don't recall the exact date)

5.6 About any other insurances

At the point of sale, did you have any other insurance policies (e.g. Insurance you would use to cover your monthly payments)? Yes No If **yes** are these other policies with the joint holder mentioned in Section 6? Yes No

If **yes** please confirm the benefit details:

Yes	No	Type of benefit	Purpose & provider of insurance (e.g. Mortgage – Scottish Widows)	Frequency of benefit:			Value of benefit £	How long would it have paid for?
				Weekly	Monthly	Lump Sum		
<input type="checkbox"/>	<input type="checkbox"/>	Accident & sickness	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Critical illness cover	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Life cover	<input type="text"/>			<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

If **other** please provide details:

6 Personal circumstances when you took out the policy (Second named/joint policy holder)

6.1 Your savings

At the point of sale, did you have any savings? Yes No

IMPORTANT:

- If you have answered **Yes** to the question above, it is important you provide the following information in as much detail as possible.
- If you don't know the exact amount please provide an approximate figure.

Amount of savings £	What were your savings for? (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society)	Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.2 Your employment status

Understanding your employment circumstances is very important when assessing your complaint. Please provide as much information as you can, especially if you had more than one job e.g. details about your hours worked, whether it was temporary or permanent, employed or self employed will all help us assess your complaint.

At the time you took out this PPI policy, what was your employment status?

Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Part time * <input type="checkbox"/>	Temp/agency worker <input type="checkbox"/>	Student <input type="checkbox"/>	Homemaker <input type="checkbox"/>

Other (please specify)

* If you worked **part time** when you took out the PPI policy, what were your contracted hours?

If you were **employed** when you took out the PPI policy please answer the following:

What was the name of your employer when you took out the PPI policy?

What type of work did you do when you took out the PPI policy?

What was your gross salary when you took out the PPI policy?
 (If you don't know the exact value please provide an approximate salary)
 £

What date did you start this employment?

Were you paying National Insurance Contributions at the time you took out the policy? Yes No

If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?

Did you have more than one job at the time you purchased the policy? Yes No

If yes please provide full details of this section in the Additional Information section at the back of this questionnaire including your contracted hours per week.

6 Personal circumstances when you took out the policy (**Second named/joint policy holder**) cont.

6.3 Your employee benefits (if applicable)

Before you complete this section you may want to contact your employer at the time of the sale to verify this information (if possible)

IMPORTANT:

- It is important that you provide the following information, as we need to understand the level of employee benefits you had at the point of sale.

At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, if you were made redundant or for death in service?

Yes	No	Not known	N/A (e.g. not employed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU WERE **NOT EMPLOYED** WHEN YOU TOOK OUT THE PPI POLICY PLEASE GO STRAIGHT TO **SECTION 6.4**.

If **yes** please confirm the benefit details:

TYPE OF BENEFIT		Number of weeks full pay	OR	Number of months full pay	AND/OR	Number of weeks half pay	OR	Number of months half pay
Yes	No	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sick pay (payment you would have received from your employer due to being unable to work through sickness, over and above any statutory sick pay)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Redundancy (payment you would have received from your employer in the event of being made redundant, over and above any statutory redundancy pay. This is usually in the form of a lump sum payment equivalent to so many months/weeks of service. Please provide either the number of months or lump sum.)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Lump sum <input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Death in Service (payment you would have received from your employer were you to lose your life while still employed. This is usually in the form of a lump sum payment equivalent to a yearly multiplication of your annual salary. This may have been linked to your employers' pension scheme.)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>				Lump sum <input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>						

6.4 Change in employment status

Has your employment status changed since you took out the insurance?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** please confirm the following:

Details of change (e.g. unemployed, employed, self employed, retired, taken up a second job, became a student, etc) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date when you became aware that this change was going to occur M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date when the change took place M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6 Personal circumstances when you took out the policy (**Second named/joint policy holder**) cont.

6.5 Your health

At the time you took out the insurance policy, did you have any health problems or were you registered disabled? Yes No

IMPORTANT:

- If you have answered **Yes** to the question above, it is important you provide the following information in as much detail as possible.

If **yes** when did this condition first occur (please provide an approximate date if you don't recall the exact date)? D D M M Y Y

If **yes** please provide details of the condition

Has the condition resulted in you having time off work? Yes No

If you have been off work due to this condition, when was this and how long were you off work for?

At the time you took out the insurance policy, were you in receipt of any incapacity benefits? Yes No

If **yes** please provide details including the type of benefit and when you first claimed this? (please provide an approximate date if you don't recall the exact date)

6.6 About any other insurances

At the point of sale, did you have any other insurance policies (e.g. Insurance you would use to cover your monthly payments)? Yes No If **yes** are these other policies with the joint holder mentioned in Section 6? Yes No

If **yes** please confirm the benefit details:

Yes	No	Type of benefit	Purpose & provider of insurance (e.g. Mortgage – Scottish Widows)	Frequency of benefit:			Value of benefit £	How long would it have paid for?
				Weekly	Monthly	Lump Sum		
<input type="checkbox"/>	<input type="checkbox"/>	Accident & sickness	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Critical illness cover	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Life cover	<input style="width: 100%;" type="text"/>			<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If **other** please provide details:

7.2 Accessibility and Practical Needs

Please tell us if you need some extra support or have any specific needs, (e.g. someone helps manage your affairs), or you have a physical or mental health condition. Also if you need us to communicate with you in a different format (e.g. large print), let us know here.

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

Large empty rectangular box for providing additional information.

8

Payment details

In the event that your complaint is upheld and a payment becomes due, please provide your details below for both cheque and direct account transfer. Where possible we will endeavour to meet your preferred payment criteria, however, in certain circumstances we may need to make any payments by alternative means and in line with the owner(s) of the credit agreement protected by the PPI policy:

By cheque payable to:

Name

By direct account transfer to:

Sort code

Account number

Account Holder

9

Document checklist

Where possible please provide copies of any of the following documents that you would have received when you purchased the PPI policy. This will assist us with our assessment of your complaint.

- | Included | Document type |
|--------------------------|---|
| <input type="checkbox"/> | CCA
(Consumer Credit Agreement/application form) |
| <input type="checkbox"/> | Policy Booklet
(Booklet providing details of the key features of the PPI policy) |
| <input type="checkbox"/> | Your Demands and Needs Statement
(Summarises the assessment we made when you took out the PPI policy. Sometimes could be described by us as an YPSOR or SODAN) |
| <input type="checkbox"/> | Other (e.g. policy summary, statements etc.) <input style="width: 400px; height: 20px;" type="text"/> |
| <input type="checkbox"/> | No documents provided |

I confirm that I would like my concerns about the sale of the payment protection insurance described in this questionnaire to be investigated.

I confirm that all the information that I have provided in this questionnaire is true and accurate to the best of my knowledge.

First named person on the account:

Full name (please print)

Signature

Date

Please note: you need to sign, even if someone else is acting on your behalf. If someone else is acting for you, your signature below means you authorise the person named in Section 2.2 to represent you in relation to this complaint about the PPI policy.

Second named person on the account (if applicable):

Full name (please print)

Signature

Date

Any personal information you share will only be used to handle your complaint in a fair and lawful manner as required to under the Data Protection Act.

If you give personal information about someone else (such as a joint applicant) then you should not do so without their permission.

Where information is provided by you about someone else, or someone discloses information about you, it may be added to any personal information that is already held by us and it will be used in the ways described in this privacy notice.