



Your Right to be Forgotten

How to complete the form

1 Please use a BLACK pen | 2 Mark boxes like this | 3 Please use BLOCK CAPITAL | A | 2 LETTERS and leave one space between each word

What you need to know before you fill in this form:

To meet our legal, business and regulatory obligations, we are required to hold your information while you are a customer and for a period after that. To help you understand how long we hold some of your information for, you can visit www.aibni.co.uk/data-protection.

The Right to Erasure, also known as the Right to be Forgotten, allows you to request that we remove your personal information from our records. Upon request, we will remove your information if one of the following apply:

- your personal information is no longer required for the purpose it was originally collected/processed;
- the processing of your data was based on your consent, which you withdraw and there is no other legal reason for processing your personal information;
- you exercise your right to object and there are no overriding legitimate grounds for the processing;
- your personal information has been processed unlawfully; or
- your personal information needs to be erased to comply with a legal obligation.

Removing your personal information for any of these reasons will not affect your credit history

Please complete the below form if you wish to request the removal of your personal information.

To be completed by customer

If you answer yes to any of the follo request, however you can still subn	owing questions, we may not be able nit your request.	to fully complete	e your Right to be Forgotten							
Do you have an open account or product with us?										
Did you close your last account or product with us within the last 7 years?										
Did you make an application for an account or product with us within the last 7 years?										
To help us satisfy your Right to be I	Forgotten request, please tell us what	would you like ι	us to forget?							
What would you like us to forget?	All information we hold on you		nation about n accounts or products							
What would you like us to longer.		provide details in box below)								
Please provide additional information Please provide sort code, account, ca	on the accounts or products you wourd or policy numbers where possible.	uld like to be forg	gotten.							

To be completed by customer

Please provide us with information relating to your account or profile with AIB (NI). This is required so that we can confirm your identity, and process your request to be forgotten.

All fields marked with	uic i	IIGII	uutt	J. y. v	•	···	411 C	 J	0	 011 (o pi	-	55 (, , ,	oui		ques				
*First Name																					
*Last Name:																					
*Date of Birth		/			/																
*Current Address: (Will be used for correspondence)																					
Dectands																					
Postcode																					
Previous Address (in order to help us find you, can you please provide the previous address where you held the closed accounts, if applicable):																					
Postcode																					
Primary Contact Phone No:																					
Primary AIB (NI) Sort Code																					
Primary AIB (NI) Account No: (if applicable)																					
Primary AIB (NI) Policy or Card No: (if applicable)																					
When you ask us to forget your personal information we will do so on our main customer system. It may take us more time to remove it from other systems, but we will continue to do so on a phased basis. We will no longer be able to process requests from you about the information after we have removed it.																					
PRINT NAME										CUST	ОМ	ER	SIG	NAT	UR	E					
										Day		Mor	nth	Y	ear						

Please note:

- When you ask us to forget your personal information, we will remove your information that we do not need to hold.
- When you are raising a Right to be Forgotten request, we will need proof of your identity.
- Your credit history will not change.
- If you have a joint account with us, we will only be able to remove personal information related to you from
 the account. To fully forget all personal information relating to this account, all customers on the account must
 complete their own Right to be Forgotten request.

What happens next?

Once you complete and send us this form, we will assess your request. We will notify you, in writing, of the outcome of your request.

If you are unable to present the form to your local branch in person, the completed form can be posted to any AIB (NI) branch along with a certified original copy of a valid photo ID and a certified proof of address. If you require more information on providing certified copies, you can refer to our website.

We will only use the information you give us on this form for your Right to be Forgotten request.

FOR BANK USE ONLY

Please verify the information that the customer has provide	ed in the form.											
Please tick the associated boxes to confirm each field has be the customer has not provided the information.	een provided and is correct. Leave associated boxes blank if											
First Name provided:												
Last Name provided:												
Date of Birth provided (DD/MM/YY):												
Listed Address provided:												
NSC / Account Application Number provided:												
Customer has been located on ClientView:												
Customer has provided valid proof of ID (follow existing ID po	olicy):											
Type of Customer ID provided:												
FOR STAF	F USE ONLY											
Customer ID Satisfactory												
Customer Signature Verified												
Staff Number	Staff Signature											
Branch NSC	Day Month Year											
Authorised Signature (if applicable)	Authorised Signing Number (if applicable)											

