







# Your Right to Restriction of Processing

## How to complete the form

**1** Please use a **BLACK** pen 

**2** Mark boxes like this    
 If you make a mistake, do this  and mark the correct box


**3** Please use **BLOCK CAPITAL LETTERS** and leave one space between each word 

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

If you think any of your personal information held by us is inaccurate, you do not need to complete this form. Instead, you can contact us on 0818 724 724 or call into any branch to update your personal information.

For more details on this right and how we process your information, please see [www.aib.ie/dataprotection](http://www.aib.ie/dataprotection).

**Please complete the below form if you wish to request to restrict the processing of your personal information.**

Do you wish to restrict the processing of your personal information for any of the following reasons. Tick  the box (or boxes) that apply to you:

You believe that the personal information we hold related to you is inaccurate (see above for details on how to update your personal information)

You believe that we are processing your personal information unlawfully

You want to stop us from deleting your personal information that we no longer require but which you need for legal claims

You objected to us processing your information based on our legitimate interests and your objection is under review

If you ticked one or more of the above options, please provide further details on your restriction request in this box (e.g. provide details of the unlawful processing) and complete the form on the next page:

## To be completed by customer

Please provide us with information relating to your account or profile with us. This is required so that we can confirm your identity, and process your restriction request.

All fields marked with \* are mandatory.

\*First Name

\*Last Name:

\*Date of Birth  /  /

\*Address:

Correspondence Address: (if different from above)

\*Primary Contact Phone No (including area code):

Primary AIB Sort Code

Primary AIB Account No: (if applicable)

Primary AIB Policy or Card No:(if applicable)

### Please note:

- The right to restrict applies to individual customers only.
- Where we fulfil your request to restrict processing, we may not be able to provide certain products and services to you.

### 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 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 Restriction of Processing request.

PRINT NAME

CUSTOMER SIGNATURE

DATE

Day / Month / Year  
 /  /

## FOR BANK USE ONLY

Please verify the information that the customer has provided in the form.

Please tick the associated boxes to confirm each field has been provided and is correct. Leave associated boxes blank if the customer has not provided the information.

First Name provided:

Last Name provided:

Date of Birth provided (DD/MM/YY):

Listed Address provided:

NSC / Account provided:

Customer has been located on ClientView:

Customer has provided valid proof of ID (follow existing ID policy):

Type of Customer ID provided:

### FOR STAFF USE ONLY

Customer ID Satisfactory

Customer Signature Verified

Staff Number

Staff Signature

Branch NSC

DATE

Day      Month      Year  
 /  /

Authorised Signature (if applicable)

Authorised Signing Number (if applicable)

