GDPR - Data Subject Rights (DSR) Form -Object to my data being processed



Please complete in BLOCK CAPITALS and post your request to: Bank of Ireland PO BOX 12940 Dublin 18

Customer Information		
Personal Customer	Business Customer	Other If other (Please specify)
Your Personal Details		
First Name:*		Surname:* Mobile No:*
Email:*		

BANK OF IRELAND ACCOUNT AND POLICY NUMBERS IMPORTANT: Please list all your Bank of Ireland account and policy numbers below that are relevant to your request.

BRANCH ACCOUNTS:		
Bank Accounts (Current, Loan):	NSC: 90	Acc No:
Term Deposit Accounts:		
		Acc No:
Mortgage Application / Accounts:		Acc No:
		Acc No:
Bank of Ireland Finance:	Agreement No:	
Bank of Ireland Commercial Finance:	Client ID:	
Bank of Ireland Life:	Policy No:	
Credit Cards:	Card No:	
Insurance Policy:		
Currency Accounts and FX Instruments:		
Private Banking Customers:		
ľ	f Other/Former (Please specify)	

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GDPR - Data Subject Rights (DSR) Form - Update Consent continued

Corporate Banking Accounts:			Business Banking Accounts:							
I am a:			Acc No:							
Update my Consents										
1.	Your consent to contact you									
	Can we get in touch with you?									
	From time to time, we Bank of Ireland Group would like to let you know about services and products from Bank of Ireland and other companies in the Bank of Ireland Group that we believe are relevant to you, that may make your life easier or offer you value.									
	Please let us know how you would prefer us to do so.									
	Email SMS/Digital Message		Phone Call	Post	No Thanks					
2.	. Your consent to analyse your individual transactional data for promotional purposes									
	Can we analyse your transactions for the purpose of identifying relevant products and services that may interest you?									
	The more you allow us to know about you, the better we can make your experience with the Bank of Ireland Group. By giving us your consent to analyse your individual transactional data, we can identify products or offers that are of interest or value to you or your business.									
	Yes Please No Thanks									
3.	Your consent for our trusted partners to contact you									
	We would also like your consent to share, only as appropriate to you, your data with carefully selected, trusted third party partners.									
	Yes Please No Thanks									
Cus	stomer Signature Sign here			Date:* DDM						