

Data Subject Rights (DSR) Form - Object to Automated Decision Making

Please complete the below interactive form and submit your request electronically or alternatively post to: Bank of Ireland PO BOX 12940 Dublin 18



Customer Information

* Denotes Mandatory Field

Personal Customer Business Customer Other
If other (Please specify) E.g. beneficiary, guarantor, director

Your Personal Details

First Name:* Surname:*
Date of Birth:* / / Mobile No:*
Address:*

Email:*

Appeal Automated Decision

Which Product did you apply for?*

Application Reference (If Known)

Any further information you would like to provide?:

Customer Signature Date / /

INTERNAL BRANCH USE ONLY

- ▶ I confirm that I checked that the accounts listed are in this customer's name(s).
- ▶ I confirm that this instruction is signed in accordance with the mandate held for this account.

Insert branch brand

Verification method (Please tick) SIG: PIN: KNOWN:

Staff Signature Date / /

1-754R (05/18)