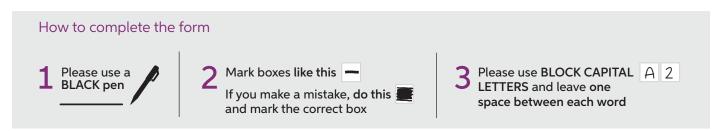




Your Right to be Forgotten



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.aib.ie/dataprotection

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

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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 to nit your request.	o fully complete	your Right to be Fo	rgotten							
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? Yes											
Did you make an application for an account or product with us within the last 7 years? Yes No											
To help us satisfy your Right to be F	Forgotten request, please tell us what	would you like u	ıs to forget?								
All information Information about certain accounts or products (provide details in box below)											
Please provide information on the acc Please provide sort code, account, car	counts or products you would like to be rd or policy numbers where possible.	e forgotten.									

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To be completed by customer

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

All fields marked with	* ar	e m	nan	dat	ory.	. We	rec	quir	e th	nis i	info	orm	nati	ion	to	pro	ce	ss c	ut	you	r re	que	st.						
*First Name																													
*Last Name:																													
*Date of Birth			/			/																							
*Current Address:																													
(Will be used for correspondence)																													
Previous Address (in c held the closed accou							ou,	can	уо	u p	olea	se	pro	ovio	le t	the	pr€	evic	us	adc	lres	s wł	nere	э ус	u				
*Primary Contact Number (including Area Code): Primary AIB Sort Code																													
Primary AIB Account No: (if applicable)																													
Primary AIB Policy or Card No:(if applicable)																													
When you ask us to time to remove it fro process requests fro	om o	othe	er s	yste	ems	, bu	t w	e w	ill c	on	tin	ue 1	to d	do s	0 0	on a	p	has										e	
PRINT NAME														CUS	ТО	ME	ER S	SIG	NA ⁻	TUF	RE								
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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 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	d in the form.												
Please tick the associated boxes to confirm each field has b 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 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 STAFF	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)												



Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland