



Request to undertake a search under the General Data Protection Regulation (GDPR) for personal information on the Data Subject (individual) named below

Your Personal Details

Title:	First and any middle names:	Surname:
Date of birth: dd/mm/yyyy		ID/Passport number:
House number/name and address:		E-mail address:
City:		Telephone Number:
Postal code:		Mobile Number:
Country:		

What is/was your relationship with us? (mark all applicable)

<input type="checkbox"/> HSBC Retail Customer <input type="checkbox"/> HSBC Commercial Customer <input type="checkbox"/> HSBC Insurance Customer <input type="checkbox"/> Retail Business Banking Customer (RBB Customer) Please specify CIN if possible:	<input type="checkbox"/> Employee HSBC Bank Malta plc <input type="checkbox"/> Employee HSBC Global Services (UK) Ltd – Malta Branch Please confirm your employee ID:
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<input type="checkbox"/> Non-HSBC Customer (Connected to a company that holds a bank account or other product/service with HSBC) <input type="checkbox"/> Non-HSBC Customer (Previously held accounts with HSBC) <input type="checkbox"/> Other: Please specify (e.g. prospective customers, connected parties)

Do you have joint accounts?	If yes, do you want to ask co-owner for the signature to obtain documentation related to these accounts without redaction of co-owner data?
<input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify joint accounts numbers if possible:	<input type="checkbox"/> No <input type="checkbox"/> Yes In this case the intake form has to be signed by both joint account holders at the bottom of the page*



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Which GDPR right(s) does your request relate to?

What's the reason for your request?

Please confirm any relevant details relating to your request e.g. account number(s), when you need the information from/to and anything else you think we need to consider

If you want us to send you information, in which form would you prefer to receive it?

- ☐ Paper
- ☐ Electronically if applicable

If you want us to send you information, how would you prefer to receive it?

☐ Branch (if Branch please advise below which Branch is the most convenient for you to collect the information from)

☐ Post (if you want it sending to a different address than shown on the first page, please confirm the address below)

Destination E-mail address (for right of data portability only)



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Your signature:

Date:

*Joint account holders signatures (if applicable):

Date:

Return this form by hand or by post to any HSBC Malta Branch.

Alternatively, you can submit the signed and scanned form via e-mail to infomalta@hsbc.com.

For more information on GDPR and your rights visit website at: www.hsbc.com.mt/gdpr



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FOR INTERNAL USE ONLY

Signature confirmed by the following (from records held or identification provided by the applicant):

Signature: _____

Date: _____

Branch name: _____

Internal contact number: _____

Form is to be scanned and sent via email to **gsce.roi.krakow@hsbc.com**.