

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 middl		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)		
HSBC Retail Customer		Employee HSBC Bank Malta p.l.c.	
HSBC Commercial Customer		Employee HSBC Global Services (UK) Ltd – Malta Branch	
HSBC Insurance Customer		Please confirm your employee ID:	
Retail Business Banking Customer (RE	BB Customer)		
Please specify CIN if possible:			
Non-HSBC Customer (Connected to a		a bank account or other	er product/service with HSBC)
Non-HSBC Customer (Previously held			
Other: Please specify (e.g. prospective	customers, connecte	d parties)	
Which GDPR right(s) does your request	relate to?		
What's the reason for your request?			



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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 receiv	e 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 y	ou to collect the information from)	
Post (if you want it sending to a different address than shown on the first page, p	lease confirm the address below)	
· · · · · · · · · · · · · · · · · · ·	,	
Destination E-mail address (for right of data portability only):		
Your signature:	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):				
Cignoturo	Data			
Signature:	Date.			
Branch name:				
Internal contact number:				
mternal contact number.				

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