Quest Merchant Bank Limited RC 264978
2 Broad Street, Lagos Island, Lagos, Nigeria
Tel: +234 02018886724
www.questmb.com

DATA SUBJECT ACCESS REQUEST FORM

CONFIDENTIAL

NOTE: BY COMPLETING THIS FORM, YOU CONSENT THAT FBNQUEST WOULD USE YOUR PERSONAL DATA TO PROCESS YOUR REQUEST AND PROVIDE YOU WITH RELEVANT RESPONSE TO YOUR INQUIRIES.

YOUR RIGHTS AS A DATA SUBJECT CAN BE EXERCISED BY COMPLETING THIS FORM AND SUBMITTING VIA AN EMAIL OR TO THE ADDRESS AT THE BOTTOM OF THIS FORM.

INPERSON ☐ BY PROXY ☐ DATE D D M M Y Y Y Y

DETAILS OF THE PERSON REQUESTING INFORMATION

FIRST NAME

SURNAME

DATE OF BIRTH D D M M Y Y Y Y

PHONE NUMBER

COUNTRY CODE NUMBER

ADDRESS

HOUSE NUMBER

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

DETAILS OF PROXY (IF APPLICABLE)

FIRST NAME

SURNAME

DATE OF BIRTH D D M M Y Y Y Y

PHONE NUMBER

COUNTRY CODE NUMBER

EMAIL

ADDRESS

HOUSE NUMBER

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

RELATIONSHIP TO THE DATA SUBJECT

A PROXY MUST ENCLOSE A COPY OF A POWER OF ATTORNEY OR DATA SUBJECT'S WRITTEN AUTHORITY AND PROOF OF THE DATA SUBJECT'S IDENTITY AND PROXY'S IDENTITY (SUCH AS PASSPORT, DRIVING LICENCE, NATIONAL IDENTITY CARD, BIRTH CERTIFICATE ETC)

ANY OTHER INFORMATION THAT MAY HELP US

PLEASE TICK THE APPROPRIATE BOX AND READ THE INSTRUCTIONS WHICH FOLLOW IT

RIGHT OF ACCESS ☐ RIGHT TO ERASURE ☐ RIGHT TO OBJECT ☐ RIGHTTOPORTABILITY ☐ RIGHT TO RECTIFICATION ☐

RIGHT TO RESTRICTION OF PROCESS ☐

DETAILS OF REQUEST

PLEASE DESCRIBE THE INFORMATION YOU ARE SEEKING. PLEASE PROVIDE ANY RELEVANT DETAILS YOU THINK WILL HELP US TO IDENTIFY THE INFORMATION YOU REQUIRE

PREFERRED MEDIUM OF FEEDBACK

PLEASE TICK THE APPROPRIATE BOX BELOW

☐ EMAIL AS PROVIDED IN OUR DATABASE ☐ QUEST HEAD OFFICE

☐ FORMAL LETTER DISPATCHED TO CORRESPONDENCE ADDRESS AS PROVIDED IN OUR DATABASE

I confirm that I have read and understood the Quest Merchant Bank Data Subject Access Request Policy and the Data Protection Policy. In consideration of all the information stated herein, I certify that the information provided in this form is correct to the best of my knowledge and that I am the person to whom it relates.

NAME

SIGNATURE

DATE D D M M Y Y Y Y

FOR POSTAL REQUESTS, PLEASE RETURN THIS FORM TO

For postal requests, please return this form to:

Customer Care
Quest Merchant Bank Limited
2 Broad Street, Lagos Island,
Lagos

All email Requests should be sent to privacy@questmb.com or info@questmb.com