

Personal Information Access Request
1. Purpose

This form is to be used for requesting personal information relating to the requester pursuant to the Personal Information Protection Act (PIPA) 2016. It is not to be used as a means to request information such as duplicate statements, account information or to submit a complaint.

Please be aware that in submitting this form to request information, there will be a fee associated with the request, as outlined in the HSBC Bermuda bank fees schedule, which must be settled in full prior to receiving the information (you can see details on this link: www.hsbc.bm/bank-fees/).

HSBC will verify your request and confirm to you whether it can be fulfilled.

2. Your Contact Information and Identification

- Fields with an * are mandatory.
- At least one telephone number is required.
- If requesting information to be received via email, an email address is required (see section 4 for more details).

***Name** (Last, Middle, First):

Last: _____
First: _____ **Middle:** _____

Aliases or prior names:

***Email address:**

Mailing address:

Street: _____ **Parish/State/City:** _____
Country: _____ **Postal code:** _____

***Identification (passport, driver's license, etc.):**

***Identification number:**

***Date of birth (DD/MM/YYYY):**

____/____/____

***Mobile telephone:**

***Home Telephone:**

I confirm that I understand that a fee is payable to HSBC Bank Bermuda Limited (the "Bank") in respect of this request for information. I confirm that I am an account holder at the Bank and I authorise the Bank to debit from my HSBC account described below, or any of my accounts at the Bank, funds to pay the fee applicable to this request for information.

HSBC account number to be debited:

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Alternative payment methods:

Payment may also be made by either USD bank draft or BMD cashier order.

Drafts or Cashier Orders: \$ _____

HSBC Customers may also pay the fee by cheque drawn on any local Bermuda bank.

Payment can be delivered by hand to any local branch with the form attached or mailed with the form for the attention of Middle Office, 37 Front Street, Hamilton HM 11, Bermuda.

3. Requested details
 (i.e. relating to a particular product, etc)
-For individuals: Bank account, credit card, car loan, employment, etc.
-For others: Loan/lines of credit, term deposits, business card, tax documents, source of wealth, etc.
-Please be as specific as possible. This will enable HSBC Bermuda to process your request efficiently.

Customer: <input type="checkbox"/> Personal <input type="checkbox"/> Commercial	
<input type="checkbox"/> Employment related (Employees, Prospective employees, Candidates, Retirees, Ex-employees, specify): _____	<input type="checkbox"/> Other (specify): _____

4. Time period of information requested
 *At least one option must be selected to receive the information.

Within the last:			<input type="checkbox"/> Current
<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36 months	<input type="checkbox"/> Other (specify): _____
How would you like the information to be provided (printed format by post, encrypted email)?			
<input type="checkbox"/> by post	<input type="checkbox"/> by email		

5. Initiating your Request

I confirm that I am requesting that HSBC process this request for information. I further confirm that all the information I have provided in this Personal Information Access Request is accurate. I confirm that I understand that a fee is payable to HSBC Bank Bermuda Limited in respect of this request for information and I agree to pay the fee (as detailed above) associated with this request as communicated to me by HSBC Bank Bermuda Limited.

x _____ Requestor Signature	_____ / _____ / _____ Request Date (DD/MM/YYYY)
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HBBM Office Use Only	
6. Fees and Charges (If no cost, leave section blank)	
What is the cost incurred for this request? \$ _____	Reason: _____
Does the requestor agree to accept this fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of agreement to fee: <input type="checkbox"/> In writing <input type="checkbox"/> In person
MO Agent name: _____	