

Personal Information Erasure Request

1. Purpose

This form is to be used for requesting personal information erasure relating to the requestor pursuant to the Personal Information Protection Act (PIPA) 2016.

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:

3. What is your relationship with HSBC Bermuda?

Customer: Personal Commercial

Employment related (Employees, Prospective employees, Candidates, Retirees, Ex-employees, specify): _____

Other (specify): _____

4. Which personal information would you like to be removed?

Please be as specific as possible. This will enable HSBC Bermuda to process your request efficiently.

5. How should we communicate with you in relation to this request?

by post

by email

6. Initiating your Request

I confirm that I am requesting that HSBC process this request. I further confirm that all the information I have provided in this Personal Information Erasure Request is accurate.

x _____
Requestor Signature

____ / ____ / ____
Request Date (DD/MM/YYYY)