

Consumer Enquiry Application Form



In accordance with Section 45 of the Data Protection Act 2018

If you have been denied a loan or access to other financial services, the decision may have been based, in part, on information provided by LendProtect UK Limited. You are entitled to receive a copy of the personal information LendProtect holds on you in accordance with our Privacy Policy. Please complete the form below and return it along with a *copy of your driving license, passport or other valid form of identification* to the following address: LendProtect UK Limited, Cooper Buildings, Sheffield Science Park, Arundel Street, Sheffield S1 2NS.

Your application will be subject to security checks to ensure that we only send information to people that are entitled to see it, by signing the declaration below, you acknowledge that LendProtect may carry out necessary checks on this application. If we are unable to confirm your identity using the information held on your records, we may perform further verification checks or contact you for further proof of identity before producing and returning your credit file.

Declaration

I wish to apply, under Section 45 of the Data Protection Act 2018, for a copy of the information (if any) held by LendProtect UK Limited, which relates to me.

Signature: _____

Date: _____

Personal Details

(Please tick) Mr: Mrs: Ms: Miss:

Other Title: _____

Forename: _____

Surname: _____

Middle Name: _____

Date of Birth (dd/mm/yyyy):

Please let us know if you have used other names previously:

Previous Forename: _____

Previous Surname: _____

Current Address

Time at address: Years: Months:

House Name: _____

Flat No: _____ House No: _____

Street Name: _____

District: _____

Post Town: _____

Post Town: _____

Post Code: _____

Home Phone: _____

Mobile Phone: _____

First Previous Address

Time at address: Years: Months:

House Name: _____

Flat No: _____ House No: _____

Street Name: _____

District: _____

Post Town: _____

Post Code: _____

Second Previous Address

Time at address: Years: Months:

House Name: _____

Flat No: _____ House No: _____

Street Name: _____

District: _____

Post Town: _____

Post Code: _____

Please contact us at phone number 0114 307 2337 or via post at LendProtect UK Limited, Cooper Buildings, Sheffield Science Park, Arundel Street, Sheffield S1 2NS if you have any questions regarding this form.