

APPENDIX 1

Data Subject Access Right Form

Note: By completing this form, you agree that Fidelity Bank Plc (Fidelity Bank) will 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	
In Person <input type="checkbox"/>	by Proxy <input type="checkbox"/>
Date __/__/20__	
Details of the Person Requesting Information	
Full Name:	
Account No:	Telephone No:
	Date of Birth:
Contact Address:	
Email Address:	
Details of Proxy (If Applicable)	
Surname/ Family Name:	
First Name(s)/Forenames:	Telephone No:
Date of Birth:	Email Address:
Contact Address:	
Relationship with 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 license, national identity card, birth certificate etc.)	

Any other Information that may help us

What right(s) would you like to exercise on your data? (Please tick below):

- | | |
|---------------------------------|-----|
| Right of Access | [] |
| Right to Erasure | [] |
| Right to Object | [] |
| Right to Data Portability | [] |
| 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 []
- Formal letter dispatched to Correspondence Address as provided in our database []
- Pick up at Fidelity Bank Plc Head Office []
- Pick up at Fidelity Bank Plc Branch []
- Specify _____ the _____ branch

I confirm that I have read and understood the Fidelity Bank Privacy Policy available at <https://www.fidelitybank.ng/documents/Data-Privacy-Policy.pdf> . 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:

For postal requests, please return this form to:

Data Protection Officer

Fidelity Bank Plc

Fidelity Place,

2 Kofo Abayomi St, Victoria Island

100271,

Lagos

All email Requests should be sent to

dataprotection&privacy@fidelitybank.ng