Payment Protection Insurance questionnaire

For bank use only
Our reference

Guidance notes

IMPORTANT: PLEASE READ THESE GUIDANCE NOTES IN FULL BEFORE COMPLETING THIS QUESTIONNAIRE

What this questionnaire for:

The questionnaire asks you for the personal and financial details needed to review your complaint and allow us to arrive at a fair outcome

What you need to do:

- If you are concerned about the sale of another PPI policy it is important that you complete a **separate Questionnaire for each policy** as we need to understand your circumstances at the time of each sale (please photocopy this blank questionnaire).
- If there is a joint policy holder please provide this person's details in Sections 2, 7, 10 and Supplementary Section 6.
- It may take you some time to go through the questionnaire and get all your facts together. But having all the information in one place should mean your complaint can then be assessed more quickly.
- Please ensure that the answers to your questions relate to the time you took out the policy and not your circumstances today.
- Also, please remember to include copies of any evidence you may hold to support your concerns.
- · Where you do not know an exact date it is important to provide at least the approximate month and year

Please note:

Please complete this questionnaire yourself, even if a third party is acting on your behalf, so as to ensure the inclusion of all specific data that will allow us to review your concerns properly – this will not affect their ability to act on your behalf in connection with this issue.

We may contact you to discuss your complaint and the information you have provided. Please note this will be from a withheld number. If you have any questions or are unsure on how to complete this questionnaire you can contact your Bank by calling us on:

Lloyds Bank 0800 151 0292
 Bank of Scotland 0800 151 0293
 Halifax 0800 151 0293

1	Policy details				
Your polic	cy/account number	What was the P	ayment Protection Ins	urance sold to cover	you for?
		Loan (Personal)	Loan (Business)	Mortgage	Credit Card
Date you	took out the policy	(Personal)	(Busiless)	Mortgage	
All analysis you give in this greation pairs must relate to this date		Other (please g	ive details below)		
	ers you give in this questionnaire must relate to this date u took out the policy.				
	rovide an approximate date where you are unable to exact date.				

2 About you				
2.1 Your personal details				
Title Mr Mrs Miss Ms Other (please specify)	Your contact address (where we can write to you)			
Your last name				
	Postcode			
Your first names	Tick preferred			
	Your telephone numbers and area dialling codes contact number			
Your date of birth	Mobile			
	Home			
	Work			
Details of second named person on the account (if applicable):	Please provide us with the number that will be easiest to contact you on. We regularly contact customers when we need to clarify information to help us assess their complaint.			
Title Mr Mrs Miss Ms Other (please specify)	Please state the best time(s) to contact you for further information. (please tick all that apply)			
	Mon Tue Wed Thu Fri			
Your last name	AM AM			
	PM D			
Your first names	When is the best time to call?			
	When is the best time to can:			
Your date of birth	Yes No			
D D M M Y Y	Is a third party acting on your behalf (e.g. a relative or a solicitor)?			
Your telephone numbers and area dialling codes contact number	If yes please complete Section 2.2. If no please go to Section 3.			
Mobile	Please supply us with a security password so that we can identify			
Home	ourselves if we need to contact you about this questionnaire.			
Work				
Is your contact address the same as the Yes No	Please be aware – if we attempt to contact you for further information the incoming call you receive may be recorded as either 'withheld' or '0800			
person named above?	389 1811'. If we are unable to reach you we will attempt further contact.			
If no please provide the address in Section 7.				
2.2 Details of the third party acting on your beha	alf (if applicable)			
If you are using a third party (e.g. a relative or Claims Management	Claims Management Company name (if applicable)			
Company), it is still important that if possible, you personally complete this questionnaire as fully as you can. This is because your				
recollections of the sale of the product will be used to help us assess	Contact address (where we can write to them)			
your complaint.				
Title Mr Mrs Miss Ms Other (please specify)				
	Postcode			
Last name	Contact telephone numbers and area dialling codes			
	Home			
First names	Mobile			
	Work			
What is their Claims Management relationship Company Relative Solicitor	Third party's reference			
to you?	The party of total of the			
Other (please explain)	Please note: if you authorise a Claims Management Company (CMC)			
	to act on your behalf, then you will need to pay their fees from any			
	refund you may receive from us.			

3 Your PPI policy	
3.1 About the sale of your PPI policy	
Why did you decide to take out the PPI policy?	Why are you unhappy with the PPI policy? (if you require additional space please continue on Section 7)
How was the PPI policy sold to you? (e.g. branch, over the phone, Internet or something else)	
Where did the sale take place and who did you speak to (where applicable)?	
3.2 About the use of your PPI policy Have you ever made a claim on the PPI policy this questionnaire relates to? If yes was this claim: Paid Rejected What was the reason for the claim and why, if applicable, was it rejected?	Please give details of the evidence that you have sent with this questionnaire
What was the period of the claim? Please be as precise as you can: (if the claim was rejected please include the period the claim would have been for). Date from Date to	Have you now returned to work? If yes please give start date Please confirm below any further details of your claim that you believe are important: i.e. have you made any other Insurance claim in respect of the above, reasons you believe that a rejected claim should have been paid?
Please note: Please include any evidence from the claim period e.g. from an employer or doctor (if available).	

4 About the money you borrowed	
What was your reason for borrowing the money:	
Refinancing or consolidating other debts	Non-essential spending (for example buying a new TV)
Paying for home improvements	Essential everyday spending (for example rent, household bills or food shopping)
Paying for a wedding	Other (please give details below)
Paying for a holiday	
Business loan	
Buying a vehicle	
If the reason for borrowing the money was to buy a vehicle, how long did you intend to keep the vehicle for?	٦
Was any of the money used to pay off other debts? Yes No	
If yes please tell us more about those debts	

5 Personal circumstances when you took out the policy (first named policy holder)				
5.1 Your savings				
At the point of sale, did you have any savings?				
Less than 3 3 months or months of (but less that None your pay months) of y	n 6 (but less than 12 12 months or			
If you did have any savings at the point of sale please confirm the following means you had of making repayments). What were your savings for? Amount of savings £ (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society) Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)			
5.2 Your employment status				
Understanding your employment circumstances is very important when assessing your complaint. Please provide as much information as you can, especially if you had more than one job e.g. details about your hours worked, whether it was temporary or permanent, employed or self employed will all help us assess your complaint. At the time you took out this PPI policy, what was your employment status?	If you were employed when you took out the PPI policy please answer the following: What was the name of your employer when you took out the PPI policy? What type of work did you do when you took out the PPI policy?			
Self Employed employed Retired Unemployed	What was your gross salary when you took out the PPI policy? (If you don't know the exact value please provide an approximate salary)			
Part time * worker Student Homemaker	What date did you start this employment?			
Other (please specify)	Were you paying National Insurance Contributions at the time you took out the policy? No			
* If you worked part time when you took out the PPI policy, what were your contracted hours?	If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?			
	Did you have more than one job at the time you purchased the policy? Yes No			
	If yes please provide full details of this section in the Additional Information section at the back of this questionnaire including your contracted hours per week.			

5	Personal circumstances when you took out the policy (first named policy holder) continued					
5.3	Your employee benefits (if applicable)					
IF YOU WERE NOT EMPLOYED WHEN YOU TOOK OUT THE PPI POLICY PLEASE GO STRAIGHT TO SECTION 5.4 .				5.4.		
At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, if you were made redundant or for death in service?		Yes	No	Not known	N/A (e.g. not employed)	
If yes pl	ease confirm the benefit details:					
TYPE O	F BENEFIT			3 months or		
	y t you would have received from your employer eing unable to work through sickness)	No Pay (or statutory pay)	Less than 3 months full pay	more full pay but less than 6 months	6 months or more full pay	
Redundancy None (payment you would have received from your employer in the event of being made redundant)		Less than 3 months full pay	more full pay but less than 6 months	6 months or more full pay		
(paymer	n Service nt you would have received from your r were you to lose your life while still employed)	None	1 X annual salary	2 X annual salary	3 X annual salary	4 X or more annual salary
Other						
5.4	Change in employment status					
	r employment status changed since cout the insurance?	Yes No				
If Yes pl	ease confirm the following:					
	of change (e.g. unemployed, employed, self en o a second job, became a student, etc)	nployed, retired,	Date when you be this change was		Date when the took place	e change
5.5	Your health					
have an	me you took out the insurance policy, did you y health problems or were you registered !? (This will also include health problems asthma, stress, back related problems etc)	Yes No	you in receipt of	ook out the insurance any incapacity bene	fits?	Yes No
If yes w	hen did this condition first occur		you first claimed	this?		
	ease provide details of the condition and includen off work because of the condition.	de whether you				
	ave been off work due to this condition, when we you off work for?	vas this and how				

5	Personal circumstances when you took out the policy (first named policy holder)	continued
5.6	About any other insurances	
policies	point of sale, did you have any other insurance Yes No If yes are these other policies with the joint holder mentioned in Section 6? y payments)?	Yes No
If yes p	please confirm the benefit details:	
	Purpose & provider of insurance Lump w	ow long ould it have
Yes	No Type of benefit (e.g. Mortgage – Scottish Widows) Weekly Monthly Sum Value of benefit £ part Accident & sickness	aid for?
	Unemployment	
	Critical illness cover	
	Life cover	
	Other	
If other	r please provide details:	

6 Personal circumstances when you took out	the policy (Second named/joint policy holder)			
6.1 Your savings				
At the point of sale, did you have any savings?				
Less than 3 3 months or months of (but less that your pay months) of y	n 6 (but less than 12 12 months or			
If you did have any savings at the point of sale please confirm the followin means you had of making repayments).	ng: (understanding your savings will help us understand what other Were there any withdrawal			
Amount of savings £ (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society) restrictions on the savings account? (e.g. 90 days notice)			
6.2 Your employment status				
Understanding your employment circumstances is very important when assessing your complaint. Please provide as much information as you can, especially if you had more than one job e.g. details about your hours worked, whether it was temporary or permanent, employed or self employed will all help us assess your complaint. At the time you took out this PPI policy, what was your employment status? Self	If you were employed when you took out the PPI policy please answer the following: What was the name of your employer when you took out the PPI policy? What type of work did you do when you took out the PPI policy?			
Employed employed Retired Unemployed Temp/agency Part time * worker Student Homemaker	What was your gross salary when you took out the PPI policy? (If you don't know the exact value please provide an approximate salary) What date did you start this employment?			
Other (please specify) * If you worked part time when you took out the PPI policy, what were your contracted hours?	Were you paying National Insurance Contributions at the time you took out the policy? If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?			
	Did you have more than one job at the time you Yes No purchased the policy? If yes please provide full details of this section in the Additional Information section at the back of this questionnaire including your contracted hours per week.			

6	Personal circumstances when you took out the policy (Second named/joint policy holder) cont.					
6.3	Your employee benefits (if applicable)					
	IF YOU WERE NOT EMPLOYED WHEN YOU TOOK OUT THE PPI POLICY PLEASE GO STRAIGHT TO SECTION 6.4.					6.4.
At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, if you were made redundant or for death in service?		Yes	No	Not known	N/A (e.g. not employed)	
If yes pl	ease confirm the benefit details:					
TYPE O	F BENEFIT			3 months or		
	y t you would have received from your employer eing unable to work through sickness)	No Pay (or statutory pay)	Less than 3 months full pay	more full pay but less than 6 months	6 months or more full pay	
	lancy nt you would have received from your or in the event of being made redundant)	None	Less than 3 months full pay	3 months or more full pay but less than 6 months	6 months or more full pay	4 X or more annual
(paymer	n Service nt you would have received from your were you to lose your life while still employed)	None	salary	salary	salary	salary
Other						
6.4	Change in employment status					
-	r employment status changed since out the insurance?	Yes No				
If Yes pl	ease confirm the following:					
	of change (e.g. unemployed, employed, self er o a second job, became a student, etc)	nployed, retired,	Date when you be this change was		Date when the took place	e change
6.5	Your health					
have an	me you took out the insurance policy, did you y health problems or were you registered ?? (This will also include health problems asthma, stress, back related problems etc)	Yes No	you in receipt of	ook out the insurance any incapacity bene	fits?	Yes No
If yes w	hen did this condition first occur		you first claimed	ulis?		
	ease provide details of the condition and incluen off work because of the condition.	de whether you				
	ave been off work due to this condition, when v re you off work for?	vas this and how				

6	Dersonal aircumataness when you took out the policy (Second named/inint policy	, holder) cont
6.6	Personal circumstances when you took out the policy (Second named/joint policy	y floider) cont.
At the policies	About any other insurances point of sale, did you have any other insurance se (e.g. Insurance you would use to cover your lay payments)? Yes No If yes are these other policies with the joint holder mentioned in Section 6?	Yes No
If yes p	please confirm the benefit details: Frequency of benefit:	How long
Yes	No Type of benefit (e.g. Mortgage – Scottish Widows) Weekly Monthly Sum Value of benefit £ Unemployment Unemployment	would it have paid for?
	Critical illness cover	
	Life cover	
	Other	
If other	er please provide details:	

Please use this section to tell us anything else that you believe may be relevant – including what happened when you took out your payment protection insurance, for example:				
What questions you asked before taking out the insurance?				
OR use this section to continue your answers to any previous questions when	nere you may have run out of space:			
7.1 Change in circumstances				
Have there been any changes in your Yes No circumstances since you took out the insurance? (e.g. received an inheritance, moved and no longer live within the United Kingdom)	If yes can you provide more details about this change in your circumstances, including when you became aware of this change:			
If yes when did this occur?				

Additional information

8 Payment details	
In the event that your complaint is upheld and a payment becomes due, please provide your details below for both cheque and direct account transfer. Where possible we will endeavour to meet your preferred payment criteria, however, in certain circumstances we may need to make any payments by alternative means and in line with the owner(s) of the credit agreement protected by the PPI policy:	
By cheque payable to:	By direct account transfer to:
Name	Sort code
	Account number
	Account Holder
9 Document checklist	
Where possible please provide copies of any of the following documents that you would have received when you purchased the PPI policy. This will assist us with our assessment of your complaint.	
Included Document type	
CCA (Consumer Credit Agreement/application form)	
Policy Booklet (Booklet providing details of the key features of the PPI policy)	
Your Demands and Needs Statement (Summarises the assessment we made when you took out the PPI policy. Sometimes could be described by us as an YPSOR or SODAN)	
Other (e.g. policy summary, statements etc.)	
No documents provided	
10 Your declaration	
I confirm that I would like my concerns about the sale of the payment protection insurance described in this questionnaire to be investigated.	Please note: you need to sign, even if someone else is acting on your behalf. If someone else is acting for you, your signature below means you authorise the person named in Section 2.2 to represent you in relation to
I confirm that all the information that I have provided in this questionnaire is true and accurate to the best of my knowledge.	this complaint about the PPI policy.
First named person on the account:	Second named person on the account (if applicable):
Full name (please print)	Full name (please print)
Signature	Signature
Date	Date
10.1 Your personal data	
Any personal information you share will only be used to handle your complaint in a fair and lawful manner as required to under the Data Protection Act. If you give personal information about someone else (such as a joint	Where information is provided by you about someone else, or someone discloses information about you, it may be added to any personal information that is already held by us and it will be used in the ways described in this privacy notice.
applicant) then you should not do so without their permission.	