

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 policy/account number

Date you took out the policy

D	D	M	M	Y	Y
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All answers you give in this questionnaire must relate to this date when you took out the policy.

Please provide an approximate date where you are unable to recall the exact date.

What was the Payment Protection Insurance sold to cover you for?

Loan (Personal)	Loan (Business)	Mortgage	Credit Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please give details below)

2.1 Your personal details

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your date of birth

Your contact address (where we can write to you)

 Postcode

Your telephone numbers and area dialling codes

Mobile	<input type="text"/>
Home	<input type="text"/>
Work	<input type="text"/>

Tick preferred contact number

Details of second named person on the account (if applicable):

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your date of birth

Your telephone numbers and area dialling codes

Mobile	<input type="text"/>
Home	<input type="text"/>
Work	<input type="text"/>

Tick preferred contact number

Is your contact address the same as the person named above?

Yes No

If no please provide the address in Section 7.

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.

Please state the best time(s) to contact you for further information. (please tick all that apply)

	Mon	Tue	Wed	Thu	Fri
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When is the best time to call?

Is a third party acting on your behalf (e.g. a relative or a solicitor)?

Yes No

If yes please complete Section 2.2. If no please go to Section 3.

Please supply us with a **security password** so that we can identify ourselves if we need to contact you about this questionnaire.

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 389 1811'. If we are unable to reach you we will attempt further contact.

2.2

Details of the third party acting on your behalf (if applicable)

If you are using a third party (e.g. a relative or Claims Management 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 your complaint.

Title Mr Mrs Miss Ms Other (please specify)

Last name

First names

What is their relationship to you?

Claims Management Company

Relative

Solicitor

Other (please explain)

Claims Management Company name (if applicable)

Contact address (where we can write to them)

 Postcode

Contact telephone numbers and area dialling codes

Home	<input type="text"/>
Mobile	<input type="text"/>
Work	<input type="text"/>

Third party's reference

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.

3.1

About the sale of your PPI policy

Why did you decide to take out the PPI policy?

Empty text box for reasons for taking out PPI policy.

How was the PPI policy sold to you? (e.g. branch, over the phone, Internet or something else)

Empty text box for how the PPI policy was sold.

Where did the sale take place and who did you speak to (where applicable)?

Empty text box for where the sale took place and who was spoken to.

Why are you unhappy with the PPI policy? (if you require additional space please continue on Section 7)

Large empty text box for reasons for being unhappy with the PPI policy.

3.2

About the use of your PPI policy

Have you ever made a claim on the PPI policy this questionnaire relates to?

Yes No Not known

If yes was this claim:

Paid Rejected

What was the reason for the claim and why, if applicable, was it rejected?

Empty text box for reason for claim and why it was rejected.

Please give details of the evidence that you have sent with this questionnaire

Empty text box for details of evidence sent with questionnaire.

Have you now returned to work?

Yes No

If yes please give start date

DDMMYY date input boxes.

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?

Empty text box for further details of claim.

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 DDMMYY Date to DDMMYY input boxes.

Please note: Please include any evidence from the claim period e.g. from an employer or doctor (if available).

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?

None	Less than 3 months of your pay	3 months or more (but less than 6 months) of your pay	6 months or more (but less than 12 months) of your pay	12 months or more of your pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you did have any savings at the point of sale please confirm the following: (understanding your savings will help us understand what other means you had of making repayments).

Amount of savings £	What were your savings for? (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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?

Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Part time * <input type="checkbox"/>	Temp/agency worker <input type="checkbox"/>	Student <input type="checkbox"/>	Homemaker <input type="checkbox"/>

Other (please specify)

* If you worked **part time** when you took out the PPI policy, what were your contracted hours?

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?

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?

Were you paying National Insurance Contributions at the time you took out the policy? Yes No

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.

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:

Name

By direct account transfer to:

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 this complaint about the PPI policy.

I confirm that all the information that I have provided in this questionnaire is true and accurate to the best of my knowledge.

First named person on the account:

Second named person on the account (if applicable):

Full name (please print)

Full name (please print)

Signature

Date

Signature

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.

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.

If you give personal information about someone else (such as a joint applicant) then you should not do so without their permission.