

PATI Request Information Form

Request # _____

Date _____

Title (please circle) **Mr.** **Mrs.** **Ms.** **Miss** **Dr.** **Other:** _____

Surname _____

First Name _____ Middle Names _____

Postal Address _____ Postal Code _____

Telephone _____

Email Address _____

If you do not have an email address, please confirm correspondence is to be sent to the postal address above (please circle): **Yes** or provide another postal address

Record Request Details

Include the Division in which the request is being made (please tick one)

Operations Investment Product & Experiences Sales & Marketing

Research & Business Intelligence Other (please state) _____

Include record subject matter and the time frame to which the request refers, include dates and any known documents.

If you are making a request for a record of personal information, please include the following:

The full name of the person to whom the information relates _____

The authority which entitles you to apply on behalf of the above named person (of a third party):

BTA Date Stamp _____

Intake by _____

ID Confirmation by _____

Copy of ID attached