



Your Right to Object

How to complete the form

1 Please use a **BLACK** pen

2 Mark boxes like this
 If you make a mistake, do this
 and mark the correct box

3 Please use **BLOCK CAPITAL**
 LETTERS and leave one
 space between each word

What you need to know before you fill in this form:

If you wish to opt out of direct marketing, you do not need to complete this form. To update your marketing preferences, please contact us on 0345 6005 925 or call into any branch.

For more details on this right and how we process your information, please see aibni.co.uk/data-protection.

Please complete the below form if you wish to object to the processing of your personal information.

(Tick the box or boxes that apply to you) Do you wish to object to the processing of your personal information where:

We process your personal information, including profiling, for our legitimate interests (please see our Data Protection Notice for more information on our legitimate interests)

We process your personal information for market research, including profiling for marketing and/or market research

If you ticked one or both of the above options, please give further details on your objection request here and complete the form on the next page. Where you are objecting to processing for legitimate interests, please provide details of the legitimate interest activity and the reasons for your objection:

Automated Decision Making

You also have the right not to be subject to a decision based solely on automated decision-making, where it has a legal effect on you. However, this right does not apply if the automated decision-making is necessary for the entering into or performance of a contract or you explicitly consented to the automated decision making. If you have been subject to an automated decision, you can appeal this by contacting your branch or relationship manager.

To be completed by customer

Please provide us with information relating to your account or profile with us. This is required so that we can confirm your identity, and process your objection request.

All fields marked with * are mandatory.

*First Name

*Last Name:

*Date of Birth / /

*Address:

*Postcode:

Correspondence
Address: (if different
from above)

Postcode:

*Primary Contact
Phone No:

Primary AIB (NI)
Sort Code

Primary AIB (NI)
Account No: (if
applicable)

Primary AIB (NI)
Policy or Card No:
(if applicable)

Please note:

- Your right to object to processing based on legitimate interests will not apply if we can demonstrate legitimate grounds to process your information, which take priority over your rights or if we need to process it for the establishment, exercise or defence of legal claims.
- The right to object is for individual customers only.
- Where we fulfil your request to object to processing, we may not be able to provide certain products and services to you.

What happens next?

Once you complete and send us this form, we will assess your request. We will notify you, in writing, of the outcome of your request.

If you are unable to present the form to your local branch in person, the completed form can be posted to any AIB (NI) branch along with a certified original copy of a valid photo ID and a certified proof of address. If you require more information on providing certified copies, you can refer to our website.

We will only use the information you give us on this form for your Right to Object request.

PRINT NAME

CUSTOMER SIGNATURE

DATE

Day Month Year
 / /

FOR BANK USE ONLY

Please verify the information that the customer has provided in the form.

Please tick the associated boxes to confirm each field has been provided and is correct. Leave associated boxes blank if the customer has not provided the information.

First Name provided:

Last Name provided:

Date of Birth provided (DD/MM/YY):

Listed Address provided:

Account Number provided:

Customer has been located on ClientView:

Customer has provided valid proof of ID (follow existing ID policy):

Type of Customer ID provided:

FOR STAFF USE ONLY

Customer ID Satisfactory

Customer Signature Verified

Staff Number

Staff Signature

Branch NSC

DATE

Day Month Year
 / /

Authorised Signature (if applicable)

Authorised Signing Number (if applicable)

