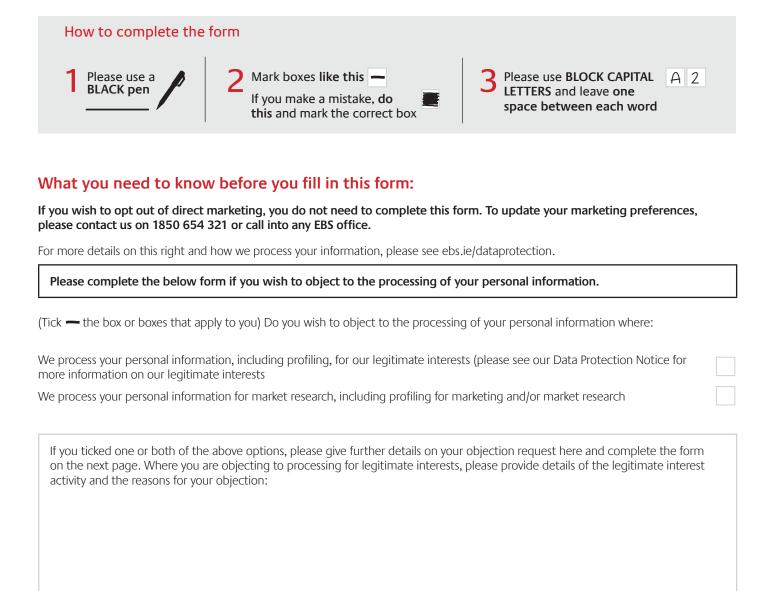


Your Right to Object



EBS Your Right to Object EBS550 10/18 1 of 3

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			1			1																				
*Address:																										
Correspondence Address: (if different from above)																										
nom above)																										
*Primary Contact																	1									
Phone No:																										
EBS Customer Number:																										
Account Number:																										
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 EBS Office 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													

EBS Your Right to Object EBS550 10/18 2 of 3

To be completed by EBS Office Staff Member

Please verify the information that the customer has provide Please tick the associated boxes to confirm each field has Leave associated boxes blank if the customer has not provided the customer has not provid	been provided and is correct.												
Customer First Name provided: Customer Last Name provided: Customer Date of Birth provided (DD/MM/YY): Customer Listed Address provided: Account Number provided: Customer has been located on M6: Customer has provided valid proof of ID (follow existing ID p	policy):												
Type of Customer ID provided:													
FOR OFFICE ST. Customer ID Satisfactory	AFF USE ONLY												
Customer Signature Verified													
AIB ID Number	Office Staff Signature												
EBS Office Name	DATE Day Month Year												



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