

PPI Consumer Questionnaire

firstdirect.com
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Leeds LS98 1FD

first direct

Providing as much information as possible about the sale of your PPI will assist us in conducting a thorough investigation of your PPI complaint.

If you can't remember all the information, don't worry, this won't affect your complaint, just complete what you can. We might need to contact you if we have a question about the information you've given us or we need more information.

If you have held more than four policies please include additional detail in the boxes for further information, alternatively please include additional sheets of paper

Section A: About you

A.1 Your name and contact details

Your details

Surname Title

Forename(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Details of anyone complaining with you

Surname Title

D	D	M	M	Y	Y	Y	Y
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Address for writing to you (Including your postcode)

Daytime No. Mobile No.

Home No. Email

In case we need to seek clarification on any concerns you have raised what would be the most convenient time to call, select all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday
8am-11am					
11am-2pm					
2pm-5pm					
5pm-7pm					

A.2 If someone is complaining on your behalf (e.g. a relative or claims manager) please give us their details

Their name Relationship to you

Address for writing to them (Including their postcode)

Their daytime No. Mobile No.

Home No. Email

A.3 Previous Address, if you lived at a different address when you took out the policy please provide details

A.4 If you are experiencing difficult personal circumstances or you feel our process may need to be adapted to suit a particular need you may have, e.g. large text or Braille, please tell us here.

Section B: About the Sale of the insurance

B.1 What's the policy type(s)/number(s)/start date(s) of the payment protection insurances you're complaining about?

Policy	Policy type	Policy number	Insurance Start Date					
1	e.g. Personal Loan		D	D	M	M	Y	Y
2	e.g. Credit card		D	D	M	M	Y	Y
3	e.g. Mortgage		D	D	M	M	Y	Y
4	e.g. Flexi loan		D	D	M	M	Y	Y

Where dates aren't known it will be assumed policy 1 would be the oldest policy through to policy 4 being the most recent. If you do not have a separate policy number, please provide the account number the policy was attached to.

B.2 Have you previously made a complaint about the above policies?

	Yes	No
Policy 1		
Policy 2		
Policy 3		
Policy 4		

B.2a If Yes, do you now want to complain about the non-disclosure of commission when the policy was sold to you?

NB Any policies that have previously been upheld will be unlikely to be due redress for non-disclosure of commissions

	Yes	No
Policy 1		
Policy 2		
Policy 3		
Policy 4		

If you only want to complain about the non-disclosure of commission, you do not need to complete the rest of this form.

B.4 Have you ever made an insurance claim on the payment protection insurance you're complaining about?

	Yes	No
1		
2		
3		
4		

If "yes" tell us below why you claimed on the policy (for example, you were made unemployed) and the date of your claim. Also tell us if the insurer turned down your claim.

If you can, please enclose copies of any paperwork you received from the insurer about this claim

B.5 Did the payment protection insurance provide single cover (to cover just you) or joint cover (to cover you and a joint policy holder i.e. your partner)

	Single	Joint
Policy 1		
Policy 2		
Policy 3		
Policy 4		

B.6 How was the insurance sold to you?

You might have been sold the insurance at a different time to when you took out your loan or credit card

	Policy 1	Policy 2	Policy 3	Policy 4
During a telephone conversation				
Over the internet				
By post/via a leaflet				
Can't remember				

B.7 Were you provided with advice or recommended that you take our insurance?

	Policy 1	Policy 2	Policy 3	Policy 4
Yes				
No				
Can't remember				

B.8 What is the current situation with this insurance?

	Policy 1	Policy 2	Policy 3	Policy 4
The insurance is still running				
The insurance ended when the loan ran full term (or when the credit card(s) closed)				
The insurance was cancelled*				

*If cancelled, please detail why

Section C: About the money you borrowed

C.1 What was your reason for borrowing the money (or taking out the credit)?

	Policy 1	Policy 2	Policy 3	Policy 4
Refinancing or consolidating other debts				
(If so please complete question C.2 on the below)				
A Large purchase (e.g. a wedding, holiday or buying a car)				
Paying for home improvements				
Non-essential spending (e.g. buying a new TV)				
Essential everyday spending (e.g. rent or household bills)				
Other, please specify.....				

C.2 If you borrowed the money to pay off other debts, please tell us more about those debts

What were the names of the companies you had other debts with?	Were they credit cards or loans?	What was the purpose of the original lending?	How much did you owe?	When did you take them out?	When did you pay them off?
			£		
			£		
			£		
			£		

Section D: About your personal circumstances

D.1 At the time you took out the payment protection insurance, what was your employment status (and the joint policy holder's – if relevant)?

	You				Joint Policy Holder			
	P1	P2	P3	P4	P1	P2	P3	P4
Employed 16 hours or more								
Self-employed 16 hours or more								
Working less than 16 hours								
Temporary/agency worker								
Not working								
Retired								
Director of own company								
Student in full time or part time education								
Student working part time, 16 hours or more								
Student working part time, less than 16 hours								
Not known								
Other								

D.2 What were your employment circumstances at the time of the policy being sold to you?

Policy	Your Employer	Your Job title	Employment start date					
1			D	D	M	M	Y	Y
2			D	D	M	M	Y	Y
3			D	D	M	M	Y	Y
4			D	D	M	M	Y	Y

D.4a If “yes” please provide details of the savings you held

You	Average balance around the time of point of sale	Type of account and any restrictions on withdrawals e.g. Savings bond with 90 days' notice	Sole or joint
P1			
P2			
P3			
P4			
Joint Policy Holder	Average balance around the time of point of sale	Type of account and any restrictions on withdrawals e.g. Savings bond with 90 days' notice	Sole or joint
P1			
P2			
P3			
P4			

D.5 At the point of sale, did you or the joint policy holder have any other personal insurance policies?

Yes No Can't remember	You				Joint Policy Holder				
	P1	P2	P3	P4	P1	P2	P3	P4	

D.5a If “yes” please provide details of the benefits you would receive.

You	Type e.g. accident and sickness, life cover, income protection, critical illness, etc	Restrictions on benefit pay out e.g. 90 day waiting period	How long would the benefit be paid out for e.g. 6 months, until returned to work
P1			
P2			
P3			
P4			
Joint Policy Holder	Type e.g. accident and sickness, life cover, income protection, critical illness, etc	Restrictions on benefit pay out e.g. 90 day waiting period	How long would the benefit be paid out for e.g. 6 months, until returned to work
P1			
P2			
P3			
P4			

D.6 When you took out the insurance did you or the joint policy holder have any pre-existing medical conditions?

	You				Joint Policy Holder			
	P1	P2	P3	P4	P1	P2	P3	P4
Yes								
No								

If "yes" please state what the condition was, when this condition was diagnosed and if you have ever been off work because of this condition – and if so when and how long for?

Section E: About your complaint

This section is for you to tell us what happened, when you took out the payment protection insurance. If your complaint is about more than one policy, please provide details for each policy.

E.1 Please tell us as much detail as you can remember about

	What you remember about the sale, e.g. where it was, who you spoke to and what information you were given
Policy 1	
Policy 2	
Policy 3	
Policy 4	

	How the cost, benefits and terms of the insurance were explained to you
Policy 1	
Policy 2	
Policy 3	
Policy 4	

The questions you asked before taking out the insurance and why you decided to take out the insurance

Policy 1	
Policy 2	
Policy 3	
Policy 4	

Please tell us why you think the policy was mis-sold

Policy 1	
Policy 2	
Policy 3	
Policy 4	

Please send us copies of any documents you may have from when you took out the payment protection insurance.

E.2 If you have any other concerns regarding the sale of your PPI and wish us to consider these please set them out below. Any information or copies of relevant documentation that you are able to supply may assist us in investigating your case. This could include your original loan account documentation, alternative cover arrangements, and/or bank statements from this time period

Policy 1	
Policy 2	
Policy 3	
Policy 4	

Section F: Your bank details

In the event redress is due, please provide your bank account details in **BLOCK CAPITALS** below.

Sort Code	Account Number																														
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Account Name																															
Bank Name/Address																															
Building Society Roll Number (If applicable):																															
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Please note:

- If you hold a sole name current or savings account with **first direct**, payment will be made to one of these accounts.
- We are unable to make payments to third parties, please only include details of an account to which you are named in the title.
- If we uphold your complaint due to mis-selling and the policy you are expressing dissatisfaction about is still in place, it will be closed.
- If the account is held with a bank other than **first direct** you may need to provide identification and address verification to your local HSBC branch before any payment can be made.
- If you have any outstanding arrears on the account associated with the insurance you are complaining about, we may exercise our right to use any payment to offset against this amount.

