## **Request for Access to Personal Information**

This form is to be used by Members requesting access to their personal information held by Gateway Bank. Please send your completed form to: memberservices@gatewaybank.com.au

Important information: You will not be able to save partially completed forms.

\* Denotes Mandatory Field

**GPO Box 3176 Sydney NSW 2001** 



Member Details	
First & Middle Name*	Last Name*
Member No.*	Date of Birth*  DD MM YYYY
Current Postal Address*	
Preferred daytime telephone number*	Email*
Request to Access Personal Information	
Please specify the details of the personal information you would like to access including the name of the product held and your Gateway account number.	
Please nominate the preferred method by which you require the	ne information to be provided*:
☐ I will view the document/s at the Gateway Branch ☐ Photocopy of document/s to be posted to my postal address shown above	
*If you also require the document/s to be explained to you by a suitably qualified Gateway staff member at the Gateway Branch, please phone 1300 302 474 to make an appointment.	
Cost of Access	
There is a fee of \$30 per hour payable for the retrieval of documents and a fee of \$2 per page for copies provided. Other fees may apply, please refer to our Fees & Charges brochure.	
Please nominate a Gateway account number from which to debit any costs:	
Declaration & Authority	
Member Authority I acknowledge that I am the individual referred to in this form and state that all personal information is true, complete and correct, and has been provided to enable Gateway to respond to my request; that the personal information collected in response to my request may be provided to me as detailed above, or in any form Gateway considers appropriate; that all or part of my request may be denied (as permitted by law); and that I authorise Gateway to debit my account nominated above for the relevant costs of access, if applicable.	
Signature*	Date*

**1300 302 474**