

Payment Protection Insurance: consumer questionnaire

WHAT IS THIS QUESTIONNAIRE FOR?

- This questionnaire is for consumers to register a complaint about the sale of payment protection insurance with M&S Bank.
- The questionnaire asks you for your personal and financial details. These will help us to assess your case – and decide if we should pay you compensation.

WHAT DO I NEED TO DO?

- Please fill in the questionnaire, giving as much information as you can. It may take you some time to go through the form and get all your facts together. With all the information in one place, it should mean your case can then be assessed more quickly.
- Once you have completed the questionnaire, please return in the pre-paid envelope provided. Before you post it, take a photocopy if you can. This will help later on, if you need to refer your complaint to the Financial Ombudsman Service.

SECTION A: ABOUT YOU

A1 Name and contact details

Surname Title

First name(s)

Please provide details of any previous names and/or addresses you have had whilst having an active account with us in the space provided on page 11.

Date of birth

Current address
(including your
postcode)

Previous
Address
(including
postcode)

Daytime telephone no. Mobile no.

Home telephone no.

In case we need to seek clarification on any concerns you have raised what would be the most convenient time to call?

Mon Tue Wed Thur Fri Time

A2 If someone is complaining on your behalf (e.g. a relative or claims management company) please give us their details

Their name

Relationship to you

Address for writing to
them (including their
postcode)

Daytime telephone no. Mobile no.

Home telephone no.

SECTION B: ABOUT THE SALE OF THE INSURANCE

B1 What are the account(s)/account number(s)/start date(s) of the payment protection insurance(s) you're complaining about?

For example: a personal loan; a credit card; a mortgage; a store card; a personal reserve; or not sure.

	Account type	Account number	Insurance start date
POLICY 1			DDMMYYYY
POLICY 2			DDMMYYYY
POLICY 3			DDMMYYYY
POLICY 4			DDMMYYYY

If you have held more than four accounts please include additional detail on the page 10.

B2 How was the insurance sold to you?

You might have been sold the insurance at a different time to when you took out your account(s).

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
During a meeting/at a store				
During a telephone conversation				
You were given a leaflet to fill in				
Over the internet				
By post				
Can't remember				

B3 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				

B4 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 account(s) closed)				
Can't remember				
The insurance was cancelled*				

*If cancelled, please detail why

B5 Have you ever made a claim on the payment protection insurance you're complaining about?

POLICY 1	Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/>	If yes, provide date of claim	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
POLICY 2	Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/>	If yes, provide date of claim	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
POLICY 3	Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/>	If yes, provide date of claim	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
POLICY 4	Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/>	If yes, provide date of claim	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

Please enclose copies of any paperwork you received from the insurer about this claim.

SECTION C: ABOUT THE SALE OF THE INSURANCE

C1 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				
Buying a car				
Paying for home improvements				
Paying for a wedding				
Paying for a holiday				
Non-essential spending (For example, buying a new TV)				
Essential everyday spending (for example, rent, household bills)				
Other, please specify				

SECTION D: ABOUT YOUR PERSONAL CIRCUMSTANCES

D1 Are you currently experiencing financial difficulty? i.e. in arrears with M&S Bank or any other company? Yes No

D2 At the time you took out the payment protection insurance, what was your employment status?

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Employed – contracted to work more than 16 hours per week				
Employed – contracted to work less than 16 hours per week				
Self-employed				
Temporary/agency worker				
Not working				
*Retired				
Director of own company				
Student in full time or part time education				
Student in part time work – specify hours worked <input type="text"/>				
Active Armed Forces				
Not known				
Other				

*Please provide the date of your retirement

D3 What were your employment circumstances at the time of the policy being sold to you?

	Your employer	Your job title	Employment start date	Length of service (mths and yrs)
POLICY 1			DDMMYYYY	
POLICY 2			DDMMYYYY	
POLICY 3			DDMMYYYY	
POLICY 4			DDMMYYYY	

D4 If your employment status has changed since you took out the insurance, tell us how and when.

For example – if you were employed, but are now no longer working.

POLICY 1		DDMMYYYY
POLICY 2		DDMMYYYY
POLICY 3		DDMMYYYY
POLICY 4		DDMMYYYY

D5a Your employee benefits (if applicable).

IMPORTANT: It is important that you provide the following information, as we need to understand the level of employee benefits you had at the point of sale.

POLICY 1	At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, or if you were made redundant? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable* (e.g. you weren't employed at the time) <input type="checkbox"/>
POLICY 2	At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, or if you were made redundant? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable* (e.g. you weren't employed at the time) <input type="checkbox"/>
POLICY 3	At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, or if you were made redundant? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable* (e.g. you weren't employed at the time) <input type="checkbox"/>
POLICY 4	At the time of the sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, or if you were made redundant? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable* (e.g. you weren't employed at the time) <input type="checkbox"/>

*If you were not employed when you took out the PPI policy please go straight to question D6.

D5b Your employee benefits (if applicable).

If you answered 'Yes' to question D5a, please confirm the benefit details.

		TYPE OF BENEFIT				
		Sick pay Payment you would have received from your employer due to being unable to work through sickness, over and above any statutory sick pay		Redundancy Payment you would have received from your employer in the event of being made redundant, over and above any statutory redundancy pay . This is usually in the form of a lump sum equivalent to so many months/weeks of service. Please provide either no. of months/weeks or lump sum.		
POLICY 1	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes:	No. of months' full pay	<input type="text"/>	If yes:	No. of months' salary	<input type="text"/>
	AND/OR	No. of months' half pay	<input type="text"/>	AND/OR	Lump sum	<input type="text"/>
POLICY 2	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes:	No. of months' full pay	<input type="text"/>	If yes:	No. of months' salary	<input type="text"/>
	AND/OR	No. of months' half pay	<input type="text"/>	AND/OR	Lump sum	<input type="text"/>
POLICY 3	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes:	No. of months' full pay	<input type="text"/>	If yes:	No. of months' salary	<input type="text"/>
	AND/OR	No. of months' half pay	<input type="text"/>	AND/OR	Lump sum	<input type="text"/>
POLICY 4	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes:	No. of months' full pay	<input type="text"/>	If yes:	No. of months' salary	<input type="text"/>
	AND/OR	No. of months' half pay	<input type="text"/>	AND/OR	Lump sum	<input type="text"/>

D6 Your savings

At the point of sale, did you have any savings? If yes, please confirm the details below.

		AMOUNT OF SAVINGS	Any withdrawal restrictions on the savings account? (e.g. 90 days' notice or dual signatures)	Held in joint names?
POLICY 1	<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	£			
POLICY 2	<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	£			
POLICY 3	<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	£			
POLICY 4	<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	£			

D7 About any other insurance

At the point of sale, did you have any other insurance policies? (e.g. insurance that you would use to cover your monthly payments.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , are these other insurance policies in joint names?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **yes**, please confirm the benefit details below.

	TYPE OF BENEFIT	Provider (e.g. Scottish Widows)	Restrictions on benefit pay-out (e.g. 90 days waiting period)	Value of benefit (£/% of salary)	How long would the benefit be paid for? (e.g. three months)
POLICY 1					
	Accident and sickness				
	Unemployment				
	Critical illness cover				
	Life cover				
	Income protection/Permanent Health Insurance				
	Other (provide details below)				
POLICY 2					
	Accident and sickness				
	Unemployment				
	Critical illness cover				
	Life cover				
	Income protection/Permanent Health Insurance				
	Other (provide details below)				
POLICY 3					
	Accident and sickness				
	Unemployment				
	Critical illness cover				
	Life cover				
	Income protection/Permanent Health Insurance				
	Other (provide details below)				
POLICY 4					
	Accident and sickness				
	Unemployment				
	Critical illness cover				
	Life cover				
	Income protection/Permanent Health Insurance				
	Other (provide details below)				

D8 When you took out the insurance did you have any pre-existing medical conditions?

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If **yes**, please state what the condition was and at what date it was diagnosed.

D	D	M	M	Y	Y	Y	Y
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SECTION E: ABOUT YOUR COMPLAINT

This page 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 complaint.

E1 Please give us as much detail as you can remember about:

Where the sale took place – and who you spoke to at the financial business

POLICY 1	
POLICY 2	
POLICY 3	
POLICY 4	

The information you were given before you took out the insurance

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

POLICY 1	
POLICY 2	
POLICY 3	
POLICY 4	

Why you decided to take out the insurance

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.

E1 Continued:

Finally, can you tell me why you feel the policy was mis-sold?

POLICY 1	
POLICY 2	
POLICY 3	
POLICY 4	

The information you were given before you took out the insurance

E2 If you have any other issues 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 DECLARATION

“ I can confirm I want to make a formal complaint about the sale of the payment protection insurance described in this questionnaire. I confirm that all information I have given in this questionnaire is true and accurate to the best of my knowledge. ”

Your name	
Your signature You need to sign here – even if someone else is raising the complaint on your behalf.*	
Date	

*If someone is complaining for you (e.g. relative or claims management company), your signature here means you authorise the person named on page 1 to represent you in this complaint.

Tips on completing the PPI questionnaire

The information provided in Section A is vital in order for us to start your complaint as quickly as possible. Please provide as much information as you can. If your complaint is regarding an old account, ensure you include any previous addresses and any previous names to help us locate your account. An up to date contact telephone number and best times to call is extremely important for us. We may need to contact you to discuss the information provided to help with our decision making process. Providing up to date contact information will ensure that your decision is made within the quickest time frame possible.

Section D is particularly important as this tells us about your circumstances at the time you took out the PPI. Please provide clear and specific information in this section as failing to do so will affect our ability to make a full and informed decision. This may result in a decision that is not in your favour. We always give full consideration to the information that you provide.

Finally, in Section E2, this is your opportunity to tell us anything else about the insurance that you might want us to know, for example why you are now unhappy with the insurance or why you think it does not properly suit your needs.

Please tick to confirm you have:

<input type="checkbox"/>	Included everything you want to tell us about your complaint
<input type="checkbox"/>	Ensure you've provided details of any previous names or addresses (if applicable) in the space provided on page 11.
<input type="checkbox"/>	Signed the declaration above
<input type="checkbox"/>	Enclosed copies of all relevant documents

or

<input type="checkbox"/>	Not enclosed any documents with this form
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What happens next?

We will make every effort to resolve your complaint immediately. If this is not possible, we will acknowledge receipt of your complaint in writing, within 5 working days. Your complaint will be dealt with and if you are dissatisfied with our response, or it takes us longer than eight weeks to resolve the matter, you may refer your case to the Financial Ombudsman Service.

How to contact us

1. By Phone

If you are calling Monday to Friday between the hours of 8am-6pm you can call our PPI department on **0800 633 5817**. If you are calling outside of these hours, please call our Contact Centre on **0345 900 0900**.

2. By Post

You can write to us at:

PPI
PO Box 3843
Kings Meadow
CHESTER
CH1 9EY

3. Branch

You can return this questionnaire to any M&S Bank branch. Your nearest branch can be found on our website: marksandspencer.com/bank

ADDITIONAL INFORMATION

Please include the question number that the additional information relates to, e.g. 'B2':

PREVIOUS NAMES AND ADDRESSES

Please provide details of any previous names and/or addresses you have had whilst having an active account with us here.

[Empty response area for providing details of previous names and/or addresses]

