

# MBNA customer questionnaire: credit card payment protection insurance

## WHAT IS THIS QUESTIONNAIRE FOR?

- This questionnaire is for you to bring a complaint about the sale of payment protection insurance (PPI).
- It asks you for the personal and financial details needed to investigate your complaint.
- It asks you for details about your circumstances at the time of the sale of the PPI, and for your recollections about what happened during the sale.
- We have tried to make the questionnaire as straightforward as possible. You can help by giving us as much information as possible, which may mean it takes some time to complete. The aim is to gather all the key information in one place so that the complaint can then be assessed more quickly.
- We may still sometimes need to contact you to ask additional questions, or to clarify answers you have given. Providing your mobile phone number will ensure that we can contact you for any additional questions we may have.
- We aim to provide a response to your complaint within eight weeks.
- You may wish to take a photocopy of the completed questionnaire, to help you if you later decide to refer the complaint formally to the Financial Ombudsman Service.

## HOW TO COMPLETE YOUR QUESTIONNAIRE

The questions in **Section D** are particularly important as they are about your individual circumstances at the time that you took out the PPI. If you do not give specific and clear information in Section D, it will make it more difficult for us to properly consider your complaint, and may result in a decision that is not in your favour. We will give full consideration to the information that you provide.

In **Section D.4**, you must provide clear information about your employee benefits at the time you took out the PPI. Would you have been entitled to statutory sick pay and statutory redundancy pay, or did your employer provide more generous benefits? If your employer provided more generous benefits, what were they?

In **Section D.8**, if you tick the “yes” box it is very important that you give us information about any savings or other insurance policies that you had at the time you took out the PPI. How much did you have in savings? What were your other insurance policies worth and in what circumstances would they have paid out?

Finally, please make sure that you tell us in **Section E** how any weakness in the way we sold PPI to you affected your decision to purchase the PPI. You should also tell us why you are now unhappy with the insurance and why you think it does not suit your needs. Again, if you do not provide this information it will make it more difficult for us to properly consider your complaint, and may result in a decision that is not in your favour.

**Please note** – When returning the questionnaire, please use a large letter stamp on the return envelope provided.

We may ask you for evidence to support the information you provide. If this is required, please ensure you send photocopies and not original documents.

**The complaints process is easy to understand and free. Claims management companies may charge you an upfront fee and take a potential share of any refund you receive. However, we do not treat complaints received directly from customers any differently from complaints received by claims management companies. Complaining through a claims management company will not be any quicker than contacting us directly and could cost you money.**

our ref:

**MBNA customer questionnaire:  
credit card payment protection insurance**

## Section A: about you

### A.1 your name and contact details

*your details*

*previous name we may have known you as*

surname

title

title

first name(s)

date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y	y	y

address for writing to you, including your postcode

daytime phone

mobile

home phone

email

previous address your account was registered to, including its postcode (if applicable)

### A.2 if someone is complaining on your behalf please give us their details

their name

relationship to you

address for writing to them,  
including postcode

their daytime phone

their fax

their email

their ref

### A.3 what is the name of the financial business you are complaining about?

### A.4 what is the account number(s) you are complaining about?

### A.5 when you opened your credit card we asked you to provide a number of details for security purposes. In order for us to be satisfied that you are who you say you are, we need you to provide some of these.

First two letters of your mother's maiden name  
e.g. for Smith this would be S M

First two letters of your place of birth  
e.g. for Manchester this would be M A

## Section B: about the sale of the PPI

### B.1 when did you take out this PPI?

<input type="text"/>	<input type="text"/>	<input type="text"/>	can't remember <input type="checkbox"/>
d d	m m	y y y y	

### B.2 how was this PPI sold to you?

You might have been sold the PPI at a *different time* to when you took out your credit card.

- during a meeting       during a phone conversation       you were given a leaflet to fill in  
 over the internet       by post       can't remember

### B.3 were you given advice or was it recommended that you take out this PPI?

- yes       no       can't remember

### B.4 have you ever made a claim on the PPI you are complaining about?

- yes       no

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

## Section C: about the money you borrowed

### C.1 what was your reason for taking out a credit card?

- balance transfer or consolidating other debts       non-essential spending (for example, buying a new TV)  
 buying a vehicle (for example car or bike)       essential everyday spending  
(for example, rent, household bills or food shopping)  
 paying for home improvements       business purposes  
 paying for a wedding       other (please tell us more below)  
 paying for a holiday

### C.2 have you ever missed payments or gone into arrears on the credit card?

- yes       no      If "yes", please tell us more below. For example, how many times have you missed payments and by how much, and what your current situation is.

## Section D: about your personal circumstances

Please note: This section should be completed in relation to your circumstances at the time you took out the PPI, NOT your current circumstances.

### D.1 at the time you took out the PPI, what was your and your partner's employment status?

*you*

- employed (working 16 hours or more)
- self employed
- not working
- director of own company
- temporary / agency worker
- working fewer than 16 hours
- retired
- student in full-time or part-time education
- not known
- other

*your partner*

- employed (working 16 hours or more)
- self employed
- not working
- director of own company
- temporary / agency worker
- working fewer than 16 hours
- retired
- student in full-time or part-time education
- not known
- other

If you were a student but *also* had a job, how many hours were you working each week?

If your partner was a student but *also* had a job, how many hours were they working each week?

### D.2 if you or your partner were employed or self employed at the time you took out the PPI, please answer the following regarding your employment:

*you*

*your partner*

occupation



employer(s) name



gross annual income before tax

£

£

time with employer

years

months

years

months

### D.3 if you were self employed at the time you took out the PPI, please answer the following in relation to your business:

- a sole trader
- in a partnership
- employed by your own limited company
- worked from home
- had business premises
- had employees

If you had employees please tell us how many

**D.4 if you were employed at the time you took out the PPI, 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     no     can't remember     not relevant (as you were not employed)

**Please note:** Statutory sick pay (SSP) and statutory redundancy pay (SRP) are the minimum payments the government requires an employer to pay. SRP is paid dependant upon an individual's age and time in service, with up to a week and a half's pay per year in service. **We want to know whether you would have received anything in addition to SSP and SRP.**

If "yes", please tell us in the two sections below what pay you would have received from your employer.

**Sick pay:**

- I would have received statutory sick pay only  
 I would have received additional benefit from my employer (please provide detail below)

Generally speaking, when an employer provides an additional sickness benefit it is usually for a certain amount of time at a percentage of salary i.e. 1 month's salary at 100% and 1 month at 50%. You need to tell us what your employer would have paid you below.

My employer would have paid me sick pay for  month(s) at  % of salary  
then paid me a further (if applicable)  month(s) at  % of salary

- Other (please provide details in the space below)

**Redundancy pay:**

- I would have received statutory redundancy pay only  
 I would have received additional benefit from my employer (please provide detail in the space below)

**D.5 if your employment status has changed since you took out the PPI, tell us how and when.**

For example – if you were employed, but are now self-employed or retired. If you have retired since taking out the PPI, please confirm the date you retired.

**D.6 if you were not employed at the time you took out the PPI, please answer the following regarding your circumstances:**

source(s) of your income		gross annual income	£
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**D.7 in order for us to gain an understanding of your financial circumstances at the time you took out the PPI, please answer the following regarding your monthly financial outgoings:**

mortgage / rent	£	council tax / utilities	£
other credit commitments	£	number of dependants	

*A dependant is someone whom you are financially responsible for, such as a child or elderly relative.*

**D.8 if you had not been able to work at the time you took out the PPI (because you were ill, in an accident or had been made redundant), would you have had any other way of making your repayments?**

For example – from savings or other insurance policies.  yes  no

*If “yes”, how would you have made your repayments, if you had not been able to work?*

**Savings:**  yes  no  
*If “yes”, then please tell us about how much savings you had, how quickly they could be accessed and whether there was any penalty for doing so.*

**Investments:**  yes  no  
*If “yes”, then please tell us about how much you had invested, what it was invested in, how quickly it could be accessed and whether there was any penalty for doing so.*

**Other policy:**  yes  no  
*If “yes”, then please tell us about what this policy covered, how much it would have paid out and how long you would have had to wait before it paid out.*

**Some other means:**  yes  no  
*If “yes”, then please tell us about what these other means were and how much was available to you.*

**D.9 when you took out this PPI, did you have any health problems or were you registered as disabled?**

yes  no *If “yes”, please tell us more below.*

What was your condition / disability?  
e.g. diabetes

When did this condition start?  
e.g. *January 2005*

What time off work have you had to take?  
e.g. *one week in 2005, three weeks in total or none*

## Section E: about your complaint

**this page is for you to tell us anything else about your complaint, including what happened when you took out the PPI**

**For example, please tell us any details you remember about:**

- Where the sale took place and who you spoke to at the time
- The information you were given before you took out this PPI
- How the cost, benefits and terms of the PPI were explained to you
- The questions you asked before taking out this PPI
- Why you decided to take out this PPI
- Any changes to your health since you took out the PPI

If you need more space, please use the spare page at the end of this questionnaire.

**finally, tell us when you first realised there was a problem with the PPI and why you are now unhappy with it**

If you need more space, please use the section at the end of this questionnaire.

## Section F: your declaration

“ I confirm I want to make a formal complaint about the sale of the PPI described in this questionnaire. I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge. I consent to you using this information when decisioning my complaint. MBNA may store the information on its own internal systems located in the U.K. ”

(MBNA will keep information about you for only as long as we need to or are allowed to by law.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y	y	y

your name

your signature

You need to sign here – even if *someone else* is bringing the complaint on your behalf.

If someone is complaining for you (e.g. a *relative or solicitor*), your signature here means you authorise the person named in Section A to represent you in this complaint.

**please use this section if you need more space**

question  
number

your answer