

Payment Break Plan (PBP) Questionnaire Guidance Notes

Why should I complete the PBP Questionnaire?

This questionnaire is designed to make it as easy as possible for you to submit your complaint regarding the possible mis-sale of PBP. This form will help you to tell us what you remember about when you enrolled in PBP, which will assist us in investigating your complaint. It may be helpful if you have any relevant documentation available with you when completing the questionnaire, for example terms and conditions document, credit card statements or credit agreement.

Do I need to complete the PBP Questionnaire?

You do not need to complete this questionnaire to have your complaint investigated; however, any information you provide may help us to reach a decision more quickly.

How long should I expect to wait before I hear about my complaint?

We will write to you to acknowledge your complaint within 5 working days of receiving it. We may contact you again for further information and we will write to you within 8 weeks with a decision. Please note there may be exceptions to this timeline depending upon the information that is available to us and the nature of your complaint.

How to complete the Questionnaire

Page 3-4	<p>About you</p> <p>This section is where you give us your personal details. Completing this section will help us to locate your credit card account and PBP. Please also use this section to tell us if you have changed your name or address since enrolling in PBP as well as your preferred contact details and the best time to contact you. We will use these to get in touch with you if we need to discuss anything further and to keep you updated.</p>
Page 4	<p>About your enrolment in PBP</p> <p>This section is where you tell us about your PBP which you are asking us to investigate, how you enrolled in it and whether you tried to activate it. Please try to provide as much detail as possible including what you can remember about the enrolment.</p>
Page 5	<p>About the credit card account</p> <p>This section is where you tell us about your credit card, such as what you took the card out for, whether you ever missed payments, or if you went into arrears on your credit card account</p>
Page 5-7	<p>About your personal circumstances</p> <p>This section is where you tell us about your personal circumstances when you enrolled in PBP. Please fill in this section with as much information as possible to help us investigate.</p>
Page 8	<p>About your complaint</p> <p>This section is where you tell us why you believe you may have been mis-sold PBP, including anything you can remember about enrolling in the plan, what you remember being told about PBP and any other information that you believe may be relevant.</p>
Page 9	<p>Your declaration</p> <p>Please sign and date this section and tick to confirm you have included everything you want to tell us about your complaint. It is important that the questionnaire is signed and dated. When signing the questionnaire, you are authorising us to deal with the complaint. By signing you are also authorising us to perform any required name and address checks as part of our investigation.</p>
Page 10	<p>Additional information</p> <p>Use this page in case you need more space to answer any of the questions in the questionnaire.</p>

What to do when the Questionnaire is completed

Please return the completed questionnaire in the envelope provided. Before posting, you may wish to take a copy of your completed form for your own records.

Claims Management Company (CMC)

You can choose to use a solicitor or a claims management company to make your complaint for you. You do not need to use either and they may charge you for their services.

Barclaycard Payment Break Plan (PBP) Customer Questionnaire

About you

1. Please give us your name and current contact details.

Your name and contact details:

Title

Surname

First name(s)

Date of birth / /

Address for writing to you (including your postcode)

Is this your normal place of residence? Yes No

If "No", please provide address details

Mobile phone

Home phone

Work phone

Email

Which is your preferred contact method? (please tick)

Mobile Home Work

Which is your preferred time of contact? (please tick)

Monday to Friday

8am-11am 11am-2pm 2pm-6pm

Which days (please tick all that apply)

Monday Tuesday Wednesday

Thursday Friday

2. Your PBP complaint outcome

We'll respond to you in writing to the address indicated above and may need to contact you about your complaint.

Do you have any special contact instructions?

Please provide written responses in:

Audio CD Braille Large Print

Alternative format communications will take a little longer to arrive. Please allow up to two weeks.

3. Personal Circumstances

If you are experiencing difficult personal circumstances and would like us to take this into account or our process needs adapting to suit any particular needs you may have, please tell us here.

4. Please give us your name and/or address if this was different at the time you enrolled in PBP.

Name at the time PBP was enrolled in

Our ref:

Your Account Number:

Address at the time PBP was enrolled in *

*If the address for writing to you (Q1) differs to the address at the time the PBP was enrolled in (Q2), we may need to perform an address verification using information from a Credit Reference Agency. This will allow us to complete our investigation and write to you with the outcome. This search is only visible to you and will have no effect on your credit rating or ability to obtain future credit. This search is automatically removed from your records after 12 months.

5. If someone is claiming on your behalf, for example a relative or claims manager, please give us their details.

Their name

Relationship to you

Address for writing to them (including postcode)

Their daytime phone

Their reference

Their email

About your enrolment in PBP

6. Which credit card did you have PBP on?

For example, Monument, SkyCard

7. What is the number of the credit card that PBP was present on? Cards numbers are 16 digits long

8. When did you enrol in PBP?

When the card was issued

A later date

I don't know

If you know the date, please provide this below

/ /

9. Please tell us what you remember about enrolling in PBP

10. Have you ever tried to freeze your account by activating the Payment Break Plan?

Yes No

If Yes, please tell us any detail you can remember in the box below such as:

- Why you tried to activate the plan
- The date you tried to activate the plan
- Whether you were able to activate the plan, or whether we turned down your request
- If we turned down your request, why (if you know)

About the credit card account

11. What did you take out the credit card for?

- 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 or food shopping)
- Other (please tell us more in the box below)

12. Have you ever missed payments or gone into arrears on this credit card?

Yes No

If "Yes", please tell us more about your circumstances at the time you missed payments or went into arrears

About your personal circumstances

13. At the time you enrolled in PBP, what was your employment status? Tick all that apply.

- Employed
- Self-employed (provide detail below)
- Temporary/agency worker
- Not working/unpaid work
- Retired
- Director of your own company
- Student in full time education
- Fixed term contract
- Other (please tell us more below)

14. What type of work did you do when you enrolled in PBP? Please state the name(s) of any employer(s).

Type of work

Employer(s) name/Trading name(s) if self employed

Job title

15. If you were employed at the time you enrolled in PBP, would you have received any pay from your employer if you were unable to work due to sickness or an accident?

- Yes
- No
- Can't remember
- Not relevant (as you were not employed)

If "Yes", what type of pay would you have received from your employer and what level of cover would have been provided? E.g. Full/Half/Statutory/Other

Number of months sick pay:

Level of sick cover

- Full pay
- Half pay
- No pay (or statutory pay)
- Other (please tell us more in the box below, including the level of cover)

16. When you enrolled in PBP, would you have been able to continue to make your credit card payments if you were unable to work through sickness, accident or unemployment? (other than sick pay)

For example, this may include redundancy pay, savings, income from rented properties, dividend payments, pension or insurance policies which would protect your income or critical illness cover. If you had savings, please state the amount and who they were with. If you had protection policies, please state the kind of policies and their providers.

Yes No

If Yes, please provide details below.

Savings

Amount

Bank, building society or other institution

Amount

Bank, building society or other institution

Insurance

Policy type:

Provider:

Policy type:

Provider:

Redundancy Pay

Source:

Amount:

Source:

Amount:

Other

Source:

Amount:

Source:

Amount:

Please tell us the details of anything else below:

Would you have used any of these means to make your repayments if you were unable to work through sickness, accident or unemployment?

Yes No

w17. At the time you enrolled in PBP, did you have any health problems or pre-existing medical conditions?

Yes No

If "Yes", please tell us details of the pre-existing medical condition, or health problems below. We will keep this information confidential and will not use it for any other purpose.

Have you ever been unable to work as a result of your medical condition?

Yes No

If "Yes", please tell us when this occurred, and how long this was for in the box below.

18. Were you permanently disabled at the time you enrolled in PBP?

Yes No

If "Yes", please tell us about your disability. We will keep this information confidential and will not use it for any other purpose.

About your complaint

This page is for you to tell us why you believe you may have been mis-sold PBP.

For example, if:

- you felt pressured to buy the PBP
- you found it difficult to, or did not attempt to activate the PBP when you had an activation event
- you experienced financial difficulties and were not reminded about PBP
- you did not fully understand the cost and/or benefits of the PBP

Please add anything else about your complaint including what happened when you enrolled in PBP and/or when you tried to activate it.

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

And finally, please tell us why you are unhappy with PBP

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

Your declaration

Please read and sign this declaration.

Privacy policy

This questionnaire asked you for personal and financial details relevant to your relationship with Barclays and/or Barclaycard (each and together “us”, “we” or “Barclays”). We shall use the information you provided in order to assess and process your complaint. We will not use the information to update or override any records that we may currently hold on you. All information collected about you and your account (including details of any partners or dependants) shall be processed by us in accordance with the privacy provisions of your customer agreement. By making this declaration, you consent to our use of your information in the manner described.

“ I confirm that I want to make a formal complaint about the sale of the Payment Break Plan 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. ”

Your name

Your signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Please return this completed questionnaire directly to us using the envelope provided

