

**Application for access to and/or rectification, erasure or blocking of  
personal data held pursuant to the  
U.S. Terrorist Finance Tracking Program (TFTP)**

**Form B – Article 15 Access Request**

1. Surname / Family name:

2. First Name(s):

3. Maiden / Other names:

4. Residential Address:

5. Bank Name(s):

6. Bank Address(es):

7. Account Number(s):

8. If applicable, describe the records being requested

Signature of the Requester

Date

Signature of ANSPDCP

Date

*Further information may be provided in a separate letter. If a separate letter is provided, please state explicitly if you authorize to transfer the information in that letter to the U.S. Treasury Department*