



Confirmation of Gifted Deposit

How to complete the form

1 Please use a **BLACK** pen

2 Mark boxes like this
 If you make a mistake, do this
 and mark the correct box

3 Please use **BLOCK CAPITAL** A 2
 LETTERS and leave one
 space between each word

Name of Mortgage Applicant 1

Name of Mortgage Applicant 2

Address of Property to be purchased

First Donor (Full Name)

First Donor Home Address

Second Donor (Full Name)

Second Donor Home Address

Name(s) of Recipient(s)

Relationship to Recipient(s)

Amount of Gift

I/We confirm that the gift of deposit monies to the above named applicant(s) towards the purchase price of the property stated above is an unconditional and non-refundable gift. I/we will have no rights, interest or claim to the property whatsoever. I/We confirm that I/we do not require any form of security whether by mortgage with AIB (NI), charge or otherwise over the property.

I/We enclose evidence that I/we have the deposit monies available.

I/We understand that signing this form may affect my/our legal rights. I/We confirm that I/we have had the opportunity of seeking independent legal advice prior to signing it.

I/We confirm that the tax implications (if any) of this gift have been considered and satisfied.

Data Protection Summary

The information you supply to us may be held by us, AIB Group (UK) p.l.c., to assist in the mortgage process for the above named applicants. Should the applicants not proceed with the mortgage process within a 12 month period this information will be securely destroyed.

<p>Donor Signature 1</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Day Month Year</p> <p>Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Donor Signature 2</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Day Month Year</p> <p>Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p>
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