

## **Letter of Authority**

## **Client Details**

Customer Name:	Salutation	Forename	Surname
Applicant 1			
Applicant 2			
Mortgage Account Number(s)			
Correspondence Address:			
Property Address (if different to correspondence address):			

## **Intermediary Details:**

Adviser Name	
Intermediary Firm	
FCA number	

## **Additional Supplementary Notice**

I/we acknowledge that the above named adviser will obtain the following information from AIB (NI) only on my/our behalf for the purpose of my/our mortgage with AIB (NI):

- Indexed valuation of the property
- Mortgage Balance
- Current product expiry date
- Mortgage Term Remaining

By signing this form you are giving us permission to use your information as set out in the Data Protection Notice and Additional Supplementary Notice above.

Signed	 Date:
Signed	 Date:

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