



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: _____