

Gifted Deposit Form

Application Number: _____

Full name(s) of applicant(s):

1. _____

2. _____

Address of property to be mortgaged:

Postcode: _____

DONOR 1	DONOR 2
Full name of person gifting deposit: _____	Full name of person gifting deposit: _____
Address of person gifting deposit: _____ _____	Address of person gifting deposit: _____ _____
_____	_____
Postcode: _____	Postcode: _____
Relationship to mortgage applicant(s): _____	Relationship to mortgage applicant(s): _____

The total amount being gifted is:

£

By signing this form I/We confirm that the gifted deposit to the above named applicant(s) towards the purchase of the property stated above:

- a) Is an unconditional and non-refundable gift
- b) That no interest is to be charged
- c) I/We do not require any repayments to be made
- d) I/We will have no rights, interests or claims in the property whatsoever
- e) I/We will not hold any registered legal charge over the property
- f) I/We will not reside in property now or in the future
- g) I/We attach proof that I/we have the deposit monies available in a UK based account
- h) I/We understand that if the gifted deposit exceeds £100,000 I/we will be required to take Inheritance Tax Advice for which I/we will be responsible for meeting the cost.

Use of my information

I/We understand that my/our personal documentation provided to support this application (gifted deposit) will be held with all other information relating to this mortgage.

If the applicant(s) request(s) a copy of their mortgage application file now or at any point in the future, the personal information I/we have provided may be included in the information that you provide to them.

Important information

The acting Solicitor will be required to provide written confirmation that clear bankruptcy searches have been carried out against the borrower and the person making the gift, and that they have complied with all of the requirements set out in the Building Societies Association Mortgage Instructions Council of Mortgage Lenders Lenders' handbook in order to provide an unqualified Certificate of Title. By signing this form you agree to these requirements.

DONOR 1	DONOR 2
Signed by person gifting deposit: _____	Signed by person gifting deposit: _____
Date: _____	Date: _____

Please return the original form to us in the pre paid envelope to the address below.

Ipswich Building Society, PO Box 547, Ipswich IP3 9WZ
T: 0330 123 1073 (option 2) E: isu@ibs.co.uk