
Query

Yes No Comment

1 Full Name

- a. Client 1
- b. Client 2

2 Address

- a. Client 1
- b. Client 2

3 Phone Number

- a. Client 1
- b. Client 2

4. Email Address

(If you prefer to be contacted via email)

5. PPS No. (Tax No.)

- a. Client 1
- b. Client 2

6. Date of Birth

Client 1
Client 2

7 Occupation

- a. Client 1
- b. Client 2

Query

Yes No Comment

7.	Marital Status	Client 1		Client 2	
		Yes	No	Yes	No
a.	Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Widowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:

a. If more than one category applies, please tick each category.

b. Please let us have the copies of the appropriate STATE certificate(s), deed of separation or Court Order

8	Mortgagor Status	Client 1		Client 2	
		Yes	No	Yes	No
8.1	Is the property your principal or main residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 TITLE DEEDS

- 5.1 Please arrange to forward your title deeds to us immediately. If the title

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Yes No Comment

deeds are held by a bank or building society, please let us have the following information:

- a. Name :
- b. Address :
- c. Mortgage Account Number(s) :

5.2 If applicable, have you bought out the :

freehold / ground rent to the Property

5.3 If the freehold/ground rent title is not :

with the other title deeds, please arrange to forward same to us immediately.

6 NEW MORTGAGE

6.1 Please confirm the following in respect of your proposed mortgage company

- a. Name
- b. Branch Address
- c. Contact Name & Telephone Number

6.2 Do you have a Mortgage Broker

If so, please confirm:

- Name :
- Address :
- Contact Name & Telephone Number :

Query

Yes No Comment

7 SERVICES

7.1. Is the Property serviced with:

- a. drainage :
- b. water supply :
- c. electricity :
- d. gas :
- e. septic tank :
- f. private sewerage/drainage scheme :
- g. mains sewerage :

8.2 Have the roads, lanes, footpaths, sewers and drains abutting or servicing the Property been taken in charge by the Local Authority :

8.3 If not, who is responsible for same? :

9 BOUNDARIES

9.1 Are there any agreements as to repair maintenance or otherwise in respect of the boundaries :

9.2 Are there any boundary disputes with any adjoining owner :

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Yes No Comment

10 EASEMENTS AND RIGHTS

10.1 Are there any pipes drains sewers wires :
cables or septic tank on under or over
other property which serve your Property

10.2 Is the Property subject to any rights, :
restrictions or covenants, including rights
of way.

10.3 Is there any road lane drain cable pipe :
wall or other facility which is not in
charge of the Local Authority which
serve the Property

11 TENANCIES

11.1 Is the Property or any part of it let :

11.2 If yes furnish copies of any agreements :
or full details of the tenants including
name(s), rent payable, security deposit
held, whether by week, month or fixed
term

12 OUTGOINGS

12.1 Is the Property subject to any periodic or
annual charges?. If yes, please confirm

Query

Yes No Comment

how much and to whom payable.

- | | | | | |
|----|------------------------|--------------------------|--------------------------|---------|
| a. | Rates | <input type="checkbox"/> | <input type="checkbox"/> | : |
| b. | Water Rates | <input type="checkbox"/> | <input type="checkbox"/> | : |
| c. | Environmental / Refuse | <input type="checkbox"/> | <input type="checkbox"/> | : |
| d. | Service Charge | <input type="checkbox"/> | <input type="checkbox"/> | : |
| e. | Ground Rent | <input type="checkbox"/> | <input type="checkbox"/> | : |
| f. | Other, please specify | <input type="checkbox"/> | <input type="checkbox"/> | : |

13 INCUMBRANCES/PROCEEDINGS

- | | | | | |
|------|--|--------------------------|--------------------------|---------|
| 13.1 | Is there any litigation pending or threatened in relation to the Property | <input type="checkbox"/> | <input type="checkbox"/> | : |
| 13.2 | Has any other person other than the Vendor(s) made any direct or indirect financial contribution or otherwise acquired an interest in the Property | <input type="checkbox"/> | <input type="checkbox"/> | : |
| 13.3 | Have you ever been declared bankrupt | <input type="checkbox"/> | <input type="checkbox"/> | : |

14 NOTICES

Have you ever received any Notice or Order in respect of the Property from:

- | | | | | |
|----|---------------------------------|--------------------------|--------------------------|---------|
| a. | Planning Authority | <input type="checkbox"/> | <input type="checkbox"/> | : |
| b. | Fire Officer /Authority | <input type="checkbox"/> | <input type="checkbox"/> | : |
| c. | Environmental Protection Agency | <input type="checkbox"/> | <input type="checkbox"/> | : |
| d. | Local Health Authority | <input type="checkbox"/> | <input type="checkbox"/> | : |
| e. | Other, please specify | <input type="checkbox"/> | <input type="checkbox"/> | : |

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f. If so, attach a copy of requirements and furnish Certificate of Compliance with any such notices or requirements

14 **PLANNING**

14.1 Have you carried out any works, Yes No :
renovations, conversions or extensions to
the property ?

14.2 If Yes, please state the nature of any such works. :
.....
.....

NOTE:

a. Please attach copies of all relevant planning permissions, bye-law approvals, commencement notices.

b. We will require **ORIGINAL** Certificates of Compliance or Exemption with Planning Permission/Bye-Law Approval/Building Regulations from a suitably qualified Architect/Engineer

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Signed:

Client 1

Client 2

Date:

Please include the following documents:

- 1. Copy Birth Certificate (Long Version)**
- 2. Copy Passport**
- 3. Copy Marriage Certificate if applicable (Long Version)**

Query

Yes No Comment

**MARIA GLEESON
ANDERSON & GALLAGHER
SOLICITORS
29 WESTMORELAND STREET
DUBLIN 2**