

# Notice of Interest or Cessation of Interest in Fire Policy

Please complete in BLOCK CAPITALS

Mortgage application number

This form should be prepared and forwarded in duplicate so that one copy can be completed and returned by the Insurance Company.

  
  
  

PO Box 13298, Dublin 18

Date  /  /

Dear Sir,

Policy no

Covering

In the name of

\* The above property has been charged to this Bank. Please note the appended instructions of the policy holder.

\* Please note that the above property is no longer charged to this Bank.

\* Delete as applicable

Yours faithfully,

Manager

The insurance company is hereby requested to (A) note that the Bank has an interest in the policy as mortgagee and (B) is authorised to issue cheques in payment of claims arising under the policy in the joint names of the undersigned and the Bank.

## Signature(s) of policy holder(s):

Signature 1: **Sign here** 

Signature 2: **Sign here** 

Please note that if the mortgage is in joint names, then the insurance policy MUST also be in joint names. This form must be signed by ALL borrowers.

The Manager  
Bank of Ireland  
PO Box 13298  
Dublin 18

We have noted the above information.  
For the Company

Authorised Official

Please return to: Information Centre, Bank of Ireland, PO Box 13298, Dublin 18

## Acknowledgment

Date  /  /

Official Brand

Legal & Security Form