

## **EXCEPTIONS/EXTENSION ON CESSATION OF LOAN PRINCIPAL PAYMENT**

DATE OF REQUEST			
BORROWER'S FIRST NAME		BORROWER'S LAST NAME	
CO-BORROWER'S FIRST NAME		CO-BORROWER'S LAST NAME	
ACCOUNT NUMBER			
CONTACT NUMBER (S)	HOME	WORK	MOBILE
EMAIL ADDRESS			

I/We understand that due to the effects of the COVID-19 Pandemic, Eastern Credit Union Co-operative Society Limited has granted a 3 month cessation of my/our loan principal payments. As a result of this, I would like to:

I/We hereby request that this 3 month cessation ONL 'De applied to the following months:         (Please state which months you will like the cessation to be applied to 1)         Image: Image	REQUEST FOR EXCEPTION			
ipPlease state which months you will like the cessation to be applied to)         implease state which months you will like the cessation to be applied to)         implease state which months you will like the cessation to be applied to)         implease state which months you will like the cessation to be applied to)         implease state which months you will like the cessation to be applied to)         implease state which months you will like the cessation to be applied to)         implease state which months you will like the cessation to the second of the se	I/We hereby request that this 3 n	nonth cessation ONLY be applied t	o the following months:	
Month 1       Month 2       Month 3         REQUEST FOR EXTENSION			-	
Month 1       Month 2       Month 3         REQUEST FOR EXTENSION				
REQUEST FOR EXTENSION		None (I want my full payments to	o continue as per my loan agreement.)	
REQUEST FOR EXTENSION				
I/We hereby request for an extension of this cessation for an additional period of :       1 Month       2 Months         I Month       2 Months       3 Months         REASON FOR REQUEST       [Provide supporting documents]	Month 1	Month 2	Month 3	
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1 Month       2 Months       3 Months         REASON FOR REQUEST (Provide supporting documents)	REQUEST FOR EXTENSION			
REASON FOR REQUEST         (Provide supporting documents)         DECLARATION         I/We declare that all information herein given is true, accurate and complete to the best of my knowledge, and was provided for the obtaining of an extension on the cessation of my principal loan payment(s).         ACKNOWLEDGEMENT         I/We understand that upon the maturity of any cessation granted, I/We are to resume full loan payments. I/We also understand that the loan schedule will be asjusted accordingly to account for any past due principal payments arising from any cessation granted.         Borrower Name (Block Letters)       Borrower Signature         Co-Borrower Name (Block Letters)       Co-Borrower Signature         DATE RECEIVED       MEMBER BRANCH	I/We hereby request for an exten	sion of this cessation for an additi	onal period of :	
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FOR OFFICIAL USE ONLY       DATE RECEIVED	Borrower Name (Block Letters)		borrower Signature	
FOR OFFICIAL USE ONLY       DATE RECEIVED				
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FOR OFFICIAL USE ONLY       DATE RECEIVED	Co-Borrower Name (Block Letter	- re)	Co-Borrower Signature	
DATE RECEIVED MEMBER BRANCH	CO-DOTTOWET Name (DIOCK Letter	13)	co-borrower Signature	
		F	OR OFFICIAL USE ONLY	
	DATE RECEIVED		MEMBER BRANCH	
	RECOMMENDER NAME	RECOMMENDER SIGNATURE	APPROVED BY	SIGNATURE