



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:

REQUEST FOR EXCEPTION

I/We hereby request that this 3 month cessation ONLY be applied to the following months:
 (Please state which months you will like the cessation to be applied to)

None (I want my full payments to continue as per my loan agreement.)

Month 1 _____ Month 2 _____ Month 3 _____

REQUEST FOR EXTENSION

I/We hereby request for an extension of this cessation for an additional period of :

1 Month 2 Months 3 Months

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 adjusted 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

FOR OFFICIAL USE ONLY

DATE RECEIVED _____

MEMBER BRANCH _____

 RECOMMENDER NAME

 RECOMMENDER SIGNATURE

 APPROVED BY

 SIGNATURE