



KINGSTOWN CO-OPERATIVE CREDIT UNION LTD.

MORATORIUM REQUEST FORM

Name of Applicant(s): _____

Mailing Address: _____

Account Number: _____

Contact Numbers: _____ (HOME) _____ (MOBILE)

Email Address: _____

Place of Employment: _____

Status of Employment: _____

Moratorium Period Requested: _____

Reason for Request: _____

Supporting Documents Attached: _____

Identification: _____

FOR OFFICIAL USE ONLY

APPROVAL BODY	APPROVAL DATE	SIGNATURE (S)	NAME
APPROVAL REMARKS			

Granby Street, P.O Box 1533, St. Vincent and the Grenadines
Phone: (784) 457-2409, Fax (784) 456-2976
Email: kccu@vincysurf.com; intouchkccu@hotmail.com
www.kccu.vc; KCCU LTD on Facebook
Agents in: Bequia, Union Island, Canouan



TERMS OF AGREEMENT

I/We _____ and _____ as principals hereby request a moratorium on my/our loan/mortgage for the months, _____

I/We acknowledge the following effects of this moratorium on my/our loan to be as follows:

1. The principal payments on the loan/mortgage will be deferred by _____ months.
2. There will be no cessation of Interest. Interest will continue to accrue on the loan/mortgage as originally agreed.
3. The loan will be rescheduled/restructured when the moratorium ends.
4. The loan/mortgage repayment period will be extended as any accumulated interest payments will be added to the principal sum.
5. Once the moratorium expires, you will be required to service the loan as per your scheduled payments.

I/We agree to sign and submit any required documents necessary to effect the variation of the loan/mortgage and preserve any collateral/ security held by the Kingstown Co-operative Credit Union Ltd.

TERMS AND CONDITIONS APPLY.

Member _____ Witness _____

Date _____ Date _____

Member _____ Witness _____

Date _____ Date _____

Granby Street, P.O Box 1533, St. Vincent and the Grenadines
Phone: (784) 457-2409, Fax (784) 456-2976
Email: kccu@vincysurf.com; intouchkccu@hotmail.com
www.kccu.vc; KCCU LTD on Facebook
Agents in: Bequia, Union Island, Canouan