



STAFF OF HOPE CREDIT UNION

CO-OPERATIVE SOCIETY LIMITED

Eric Williams Medical Science Complex, Champs Fleurs, Trinidad and Tobago
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LOAN WAIVER FORM

MEMBER REQUEST

To: Credit Committee

Date:

I,

employed with

hereby apply for a waiver of my

loan payment for:

Period (No. of Months):

**Loan waiver allowed every calendar year for a maximum of two (2) months.*

Signature of Member:

ACCOUNT DETAILS (FOR OFFICE USE)

Member Account No:

Loan Instalment \$:

Monthly Fortnightly

Total Loan Balance \$:

Share Balance \$:

Arrears \$:

WAIVERS GIVEN WITHIN THE PAST 12 MONTHS

Period Issued (1):

Period Issued (2):

PROCESSING

Prepared By:

Date:

Reviewed By:

Date:

**The loan waiver form has to be reviewed to verify whether the member is NOT in arrears.*

CREDIT COMMITTEE APPROVAL

Approved by Credit Committee:

1.

2.

3.

Waiver Fee Paid:

Yes No