REQUEST FOR WAIVER

Date: / /				
	holder of account #	harahy	request for	
	noider of account #	nereby	request for	
vaiver for the month of	The reaso	on for the request i	s as follows:	
Loss of income/reduced working hours	S			
Temporary Lay off				
Termination of employment				
understand that if the waiver is approvenade as per normal and the credit unio above.				
also understand that my loan term will Tel #: ()	I be extended for the additional Signature:		ed 	
REQUESTED CONDITIONS:		Yes	No	
Interest only to be approved with inter	nt to p <mark>ay</mark> at a later date			
Principal only to be approved with inte	ent to pay at a later date			
Interest & Principal to be approved wit	th intent to pay at a later date			
APPROVE CONDITIONS: Member-owner account must NOT be inconsistency with payments or transfer consistency. If the loan was issue within	of shares to cover loan paymen	t over the last 12 m		
The following submission is being made with relevant jas been provided.	iustification of the need to effect a waiver	to the above account, and	supporting document to ve	
HEREBY CONFIRM THAT MY MANUAL OF ARREARS AND CAN PROCEED WITH CON			HAT HE/SHE IS NOT	
APPROVED: DISAPPROV	VED:			
LOAN MANAGERS' SIGNATURE		DAT	DATE	