



VENTURE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

LOAN PAYMENT WAIVER REQUEST

NAME OF APPLICANT: _____ VENTURE NO.: _____

COMPANY: _____

I wish to apply for a waiver of my monthly Loan payment to **VENTURE Credit Union** for the month of _____ (Year) _____.

I have/have not had a waiver in the past twelve (12) months.

Reason: _____

Date: _____
_____ Member's Signature

FOR OFFICAL USE

ORDINARY LOAN: \$ _____ PAYMENT \$ _____

CAR LOAN: \$ _____ PAYMENT \$ _____

MORTGAGE LOAN: \$ _____ PAYMENT \$ _____

ACCEPTED REJECTED BY THE CREDIT COMMITTEE

APPROVED AMOUNT: \$ _____ DATE: _____

Chairperson/Secretary

General Manager/Signatory

