



TRANQUILLITY CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
5 Maraval Road, Newtown, Port of Spain
PH. 628-9266 / 628-6466 / FAX. 628-1847

APPLICATION FOR A WAIVER

Name of Applicant

Pass Book No Employer.....

Month of request for Waiver

Reason for request for Waiver

.....

.....

General Account Deduction Monthly: Loans \$..... Weekly: Loans \$.....

* Total amount of Waiver Requested:

Name of Co-maker/s

Amount outstanding to Co-maker/s

Signature of Co-maker Date Witness

Signature of Applicant Date Witness

* NB. Please note that interest will be deducted from Loan repayment

MEMORANDUM CREDIT COMMITTEE

This loan was approved/ rejected by all members of the Credit Committee present at its meeting held onday of..... 20.....

Subject / Due to

Chairman

Secretary

Member

Member

Member