



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 on Subject / Due to

Chairman Secretary Member

Member Member Member