



The City of Bridgetown Co-operative Credit Union Ltd Loan Modification Agreement

Member's Name (Surname)	First	MI	A/c No.	Loan No.
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Member's request and agreement (to be completed by the member)	Date (Mo., Day, Yr.)
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I request a modification to my loan with the City of Bridgetown Co-operative Credit Union Ltd and understand that if a new payment schedule is approved, I agree to pay the balance on my loan with interest under the revision. I acknowledge that deferring loan payment(s) could result in an extension of the original term and that interest will continue to accrue at the rate disclosed. I further understand that all other provisions of the original loan remain in full force and effect, including the accrual of interest.

The circumstances necessitating this request follow:

Member Related Only

I agree to this modification and the terms of repayment. I further understand that this modification does not release me from liability towards this debt.

Acknowledgement (to be completed by owner(s) other than borrower of collateral pledged as security for this loan, if applicable)

Owner(s) of collateral other than borrower acknowledge that the provisions of the original Security Agreement apply to this modification and/or terms of repayment.

Member's Signature		Date (Mo., Day, Yr.)
Cosigner's Signature		Date (Mo., Day, Yr.)
Cosigner's Signature		Date (Mo., Day, Yr.)
Cosigner's Signature		Date (Mo., Day, Yr.)
Signature of Owner of Collateral Other than Borrower		Date (Mo., Day, Yr.)

For Office Use Only

_____ signed a note _____ (date of original Loan Bond) in favor of the City of Bridgetown Co-op Credit Union Ltd in the original amount of \$ _____, payable \$ _____ per month.

In response to the above request, the Committee approves:

<input type="checkbox"/>	An extension of _____ months to pay off the unpaid principal balance of \$ _____ on this note.
<input type="checkbox"/>	Lower monthly payments of \$ _____ beginning _____
<input type="checkbox"/>	Lower interest rate from _____ % to _____ %
<input type="checkbox"/>	Skip loan payment for the month(s) _____

Notes:

Prepared by:		Date (Mo., Day, Yr.)
Authorizing Signature:		Date (Mo., Day, Yr.)
Authorizing Signature:		Date (Mo., Day, Yr.)
Authorizing Signature:		Date (Mo., Day, Yr.)

This form must be submitted with the relevant supporting information.

- Evidence to support employment change.
- Two Proofs of address dated within the last 3 months.
- Scan of your ID Card or Passport