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| Energy Saving Trust Loans |
| Application for amendment to loan repayment schedule |

**You can complete this form as follows:**

1. **Electronically and return it as an email attachment.**
2. **Print it off, complete by hand and then scan and attach to a return email**
3. **Please DO NOT POST BACK (as we are unable to receive post at present).**

**Please complete sections 1, 2 and 4 of the form if your request relates to the COVID-19 virus outbreak (no attached evidence required).  For all other reasons please also complete section 3 and attach evidence as appropriate. Please add a scanned signature if you have access to this but if you do not please type your name where a signature is requested.**

**Once completed please send this information to** [**collections@est.org.uk**](mailto:collections@est.org.uk)**.**

**Once we receive the required information we will review the request and get back to you as soon as possible.**

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| Section 1 - Loan Identity | PLEASE COMPLETE |
| Loan Scheme |  |
| Loan Reference |  |
| Name |  |
| Address |  |
| Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Postcode |  |

Continues on next page

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| Section 2 - The Requested Amendment | PLEASE COMPLETE |
| A brief description of the requested |  |
| amendment including how long the |  |
| amendment is requested for |  |
|  |  |
|  |  |
|  |  |
| Please detail the reasons for the request |  |
| outlining obstacles encountered in making |  |
| loan repayments per the loan agreement |  |
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|  |  |
|  |  |
| Please detail efforts made to date to overcome |  |
| obstacles to making loan repayments per |  |
| the loan agreement (COMPLETE IF NOT DUE TO COVID-19) |  |
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|  |  |
| Section 3 - Evidence Attached | PLEASE COMPLETE **ONLY IF NOT** DUE TO COVID-19 OUTBREAK |
| Doctor's letter (tick if included) |  |
| Recent Bank Statement (tick if included) |  |
| Bank or other lender letters (tick if included) |  |
| Client letter or email (tick if included) |  |
| Other (give details) |  |
|  |  |
| **Please include evidence appropriate to request** |  |
|  |  |
| Section 4 - Declaration | PLEASE COMPLETE |
|  |  |
| I confirm that I am aged 18 or over and that the details in this application form are true and | |
| accurate to the best of my knowledge and belief. Where applicable, I confirm that I am | |
| authorised to make this application on behalf of the applicant(s) (in the case of partnerships, | |
| companies and limited liability partnerships). Where possible the person(s) signing this form | |
| should be the same as those who signed the original loan agreement. | |
|  |  |
| Loanee - PLEASE COMPLETE | Witness - PLEASE COMPLETE |
| Signature: | Signature: |
| Print Full Name: | Print Full Name: |
| Position in Organisation: | Address: |
| Date: |  |
|  |  |
|  |  |
|  | Postcode |
|  | Place of Signing: |
|  |  |

ENDS