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| Energy Saving Trust Loans |
| Application for amendment to loan repayment schedule |
| Section 1 - Loan Identity | PLEASE COMPLETE |
| Loan Scheme |  |
| Loan Reference  |  |
| Name |  |
| Address |  |
| Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Postcode |  |
|  |  |
| 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 |   |
|   |   |
|   |   |
|   |   |
| Please detail efforts made to date to overcome |   |
| obstacles to making loan repayments per |   |
| the loan agreement (COMPLETE IF NOT DUE TO COVID-19) |   |
|   |   |
|   |   |
|   |   |
|  |  |
| 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: |
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