



THE INSURANCE INDUSTRY CREDIT UNION
Co-operative Society Limited

30 Agra Street, St James.
Tel/ Fax : 622- 1354, 628- 8233, 622 – 7619
Website : www.iicutt.com

Waiver Request Form

I _____
(Member's name)

hereby apply for a waiver for the month of _____

for the amount of _____ dollars and _____ cents (\$ _____)

Shares: _____ (\$ _____)

Personal Loan: _____ (\$ _____)

(Member's Signature)

Date

For Office Use Only

Approved By :

(Manager)

Date

Loan Reference Number

Extended Term of Loan