

Please complete fields below in CAPITAL letters using black ink and tick (<) where appropriate.

1. Customer D Legal Entity Name:	Details	
Contact Person		
Name:		
Phone Number:		
Email:		
Maximum 40 characte	sters	

2. Document Details

Document Reference:			Loan Reference:
Loan Currency: e.g. MUR, EUR, USD		Loan Amount:	
Loan Maturity Date: e.g. 01/JAN/2010	/	/	(dd/mmm/yyyy)

3. Financing/Settlement Instructions

I/We* shall be obliged if you could grant me/us* a delay of days to settle the captioned loan. I/We* accordingly authorise you to debit my/our* MUR/FCY* account number 0 0 0 0 in settlement of

It is agreed and understood that should this request reach you after the maturity date, a new loan will be granted to me/us* in full settlement of the captioned loan. In that respect, I/we* authorise you to debit my/our* MUR/FCY* account number $\begin{bmatrix} 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 \end{bmatrix}$

to settle all your charges plus any accrued interest.

any accrued interest related to the aforesaid loan.

* Strike out and initial as appropriate

Please sign below:											
	Signature:									Signature: If more than one signature needed	
	Name:									Name:	
	Date: e.g. 01/JAN/20	10	/			/			(dd/mmm/yyyy)		

JAN 2022_V3