

REPAYMENT SCHEDULE

Reg. No. :-

Financing Plan :-

Name of Applicant :-

Starting Date of Plan :-

Address :-

Moratorium Period :-

Due Date of Recovery :-

Name of Surety :-

Address :-

Amount to be Recovered :-

EMI Due :-

| Sr. No. | Month | Year | Amount | Cheque No./Cash | Date of Credit | Interest | Remarks |
|---------|-------|------|--------|-----------------|----------------|----------|---------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |

Accepted by

Verified by

Name :

Date :

P.O.(IFEL)