

# REPAYMENT SCHEDULE

Reg. No. :-

Financing Plan :-

Name of Applicant :-

Starting Date of Plan :-

Address :-

Moratorium Period :-

Name of Surety :-

Due Date of Recovery :-

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      |       |      |        |                 |                |          |         |
| 13      |       |      |        |                 |                |          |         |
| 14      |       |      |        |                 |                |          |         |
| 15      |       |      |        |                 |                |          |         |
| 16      |       |      |        |                 |                |          |         |
| 17      |       |      |        |                 |                |          |         |
| 18      |       |      |        |                 |                |          |         |
| 19      |       |      |        |                 |                |          |         |
| 20      |       |      |        |                 |                |          |         |
| 21      |       |      |        |                 |                |          |         |
| 22      |       |      |        |                 |                |          |         |
| 23      |       |      |        |                 |                |          |         |
| 24      |       |      |        |                 |                |          |         |
| 25      |       |      |        |                 |                |          |         |
| 26      |       |      |        |                 |                |          |         |
| 27      |       |      |        |                 |                |          |         |
| 28      |       |      |        |                 |                |          |         |
| 29      |       |      |        |                 |                |          |         |
| 30      |       |      |        |                 |                |          |         |
| 31      |       |      |        |                 |                |          |         |
| 32      |       |      |        |                 |                |          |         |
| 33      |       |      |        |                 |                |          |         |
| 34      |       |      |        |                 |                |          |         |
| 35      |       |      |        |                 |                |          |         |
| 36      |       |      |        |                 |                |          |         |

Accepted by

Verified by

Name :

Date :

P.O.( IFEL )