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| **TO : SKY CAC LIMITED** |
| **APPLICATION FOR SUBMITTING APPEAL REGARDING RESTRUCTURING / RESCHEDULING OF CREDIT FACILITIES** |
| Name / Company Name  |
| ID Card No / Passport / Company Registration No:  |
| Mailing Address  |
| Contact Telephone 1 | Contact Telephone 2 |
| Email Address |
| **Β. DESCRIPTION OF APPEAL (if you need additional space please add a page )****……………………………………………………………………………………………………………………………………………………..****…………………………………………………………………………………………………………………………………………………….****…………………………………………………………………………………………………………………………………………………….****…………………………………………………………………………………………………………………………………………………….****…………………………………………………………………………………………………………………………………………………….****…………………………………………………………………………………………………………………………………………………….** |
| **C. ACCOUNT/ ACCOUNTS WHICH REFER TO APPEAL** |
| Account Number 1 | Account Number 2 |
| Account Number 3 | Account Number 4 |
| Account Number 5 | Account Number 6 |
| Account Number 7 | Account Number 8 |
| **D. SUPPORTING DOCUMENTS****……………………………………………. …………………………………………….****……………………………………………. …………………………………………….****……………………………………………. …………………………………………….** |
| **Ε. NAME / SIGNATURE**  |
| Signature: |
| Full Name: |
| Date: |
| **INTERNAL USE** |
| Received By: | Signature: |
| Date Received: |