

## **PAYMENT EXTENSION APPLICATION FORM**

BUILDING NAME	CTS NO.	
LOT NO.	UNIT NO.	
NAME	DATE	
EMAIL		
POSTAL ADDRESS		

## **DETAILS OF EXTENSION REQUEST**

ENT DATE	PAYMENT PLAN FIRST PAYMENT DATE	
AMOUNT	CURRENT OUTSTANDING AMOUNT	
DUE DATE	DUE DATE	
INTEREST Y / N	ARE YOU REQUESTING FOR ANY PENALTY INTERES TO BE REMOVED	
MOVED ?		
NT TO BE Y / N	ARE YOU REQUESTING THE DISCOUNT TO BE	
APPLIED ?	APPLIED ?	
AMOUNT	PROPOSED PAYMENT INSTALMENT AMOUNT	
EQUENCY	PROPOSED PAYMENT FREQUENCY	
RTNIGHTLY)	(e.g. WEEKLY / FORTNIGHTLY)	
PAYMENT	DATE OF FINAL PAYMENT	
ng amount)	(to clear current outstanding amount)	
TENSION	REASON FOR EXTENSION	
discount be	If applicable please indicate if you are seeking the discount be applied or any overdue interest be waived.	

<u>IMPORTANT MESSAGE</u>: All requests for payment extensions are subject to the approval by the Body Corporate Committee, including interest and discount components of the debt. Please note that if the payment schedule as outlined above is not followed the Body Corporate will commence the debt recovery process and all costs associated will be on-charged to you.

I/we wish to confirm that I/we will comply with the above payment Schedule and that action may be taken for failure to adhere to this plan and/or clear the current outstanding amount by the date of final payment as indicated above.

Applicant's Signature:	Date:

## APPLICATION MUST BE SIGNED & DATED BY LOT OWNER

## This Form May be Either:

- 1. Lodged in person at CTS Consulting, 555 Coronation Drive, Toowong QLD 4066
- 2. Mailed to us at CTS Consulting, PO BOX 1483, Milton QLD 4064
- 3. E-Mailed to CTS Consulting via info@ctsconsulting.com.au

For further application queries please contact the Accounts Department at CTS Consulting Pty Ltd on telephone (07) 3367 3559 or email <u>accounts@ctsconsulting.com.au</u>