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**Request for Respite**

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**Applicant:**

Last Name, First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street, House Number: \_\_\_\_\_ Post Code, City: \_\_\_\_\_

Landline Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Regarding the issue of outstanding debts to (Company): \_\_\_\_\_

File Reference Number \_\_\_\_\_

I hereby apply for a respite of the claim until \_\_\_\_\_ (Date).

**Important Advice:**



**Please note that a deferral is possible only for a maximum of 4 weeks!**

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**Place and Date of Issue**

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**Signature of Applicant**