
Request for Respite

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!

Place and Date of Issue

Signature of Applicant