

## REQUEST TO REDUCE MONTHLY INSTALMENT/CONTRIBUTION

(This form is only for bankrupts whose cases are under the OA's administration. If your case is administered by a PTIB, please approach your PTIB directly on your request.)

You will be informed via email/post of the outcome with TO BE COMPLETED BY REQUESTOR  I understand that this request is subject to the Official may not be processed unless I provide documents to exthe current COVID-19 situation.  I am aware that my creditors may raise objections contribution.  INDICATE ACCORDINGLY:  I have submitted the documents in support of my reques  I will submit the documents in support of my reques	hin 10 days of your request.  I Assignee's assessment and that my request vidence that my income has been affected by to any change in my monthly instalment/
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You will be informed via email/post of the outcome wit	
complete this form and submit it via https://cscrvices	y.
PLEASE TAKE NOTE OF THE FOLLOWING:  Your request is subject to the document(s) you instalment/contribution may be communicated to your to the reduction and we will inform you should we rece complete this form and submit it via https://eservices.	creditors. Your creditors may raise objections ive any objections from your creditors. <b>Please</b>
PERIOD TO VARY (NO. OF MONTHS): (UP TILL 31 DECEMBER 2021)	
PROPOSED MONTHLY INSTALMENT/CONTRIBUTION:	\$
CURRENT MONTHLY INSTALMENT/CONTRIBUTION:	\$
HP NO.:	
EMAIL ADDRESS:	
BANKRUPTCY NO.:	
NRIC NO.:  BANKRUPTCY NO.:	