

Repayment Holiday Request for Medical Loan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Loan Account Number: [Insert Account Number]

To: [Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I am writing to formally request a repayment holiday for my medical loan due to unforeseen medical circumstances. My current situation has left me financially strained, and I am unable to make my scheduled payments.

Details of my medical circumstances are as follows:

- Nature of the medical issue: [Insert Details]
- Expected duration of treatment: [Insert Duration]
- Supporting documentation attached: [Yes/No]

I kindly ask for your understanding and support during this challenging time. I request that my loan payments be deferred for a period of [Insert Duration] starting from [Insert Start Date]. I am committed to resuming payments once my situation improves.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]