

PAY - OFF STATEMENT REQUEST

SECTION A PLEASE READ THE INFORMATION IN THIS SECTION BEFORE COMPLETING THIS FORM

- 1. THE FIRST PAY-OFF STATEMENT REQUESTED IS AT NO CHARGE TO THE MORTGAGOR.
- 2. ALL SUBSEQUENT REQUESTS FOR PAY-OFF STATEMENTS WILL ATTRACT A FEE OF \$500 PER ACCOUNT.
- 3. A RECEIPT MUST BE SUBMITTED TO VERIFY PAYMENT FOR A SUBSEQUENT STATEMENT.
- 4. PAY-OFF STATEMENT WILL BE AVAILABLE WITHIN SEVEN (7) WORKING DAYS AFTER THE DATE REQUEST IS RECEIVED BY NHT.
- 5. A NEW PAY-OFF STATEMENT IS REQUIRED IF YOU DECIDE TO SETTLE YOUR ACCOUNT OUTSIDE OF THE STATEMENT PAY-OFF DATE.
- 6. PAY-OFF AMOUNT MUST BE ACCOMPANIED BY FINAL STATEMENTS ONLY. PAYMENTS CAN BE MADE AT ANY NHT OFFICE USING CASH, MANAGER'S CHEQUE, CREDIT/DEBIT CARD OR ELECTRONICALLY.

N.B. FOR ELECTRONIC PAYMENT, ASK YOUR BANK OR ATTORNEY TO REQUEST BANKING INFORMATION FROM THE FINANCE DEPARTMENT OF THE NHT.

- 7. YOU MAY CHOOSE TO SUBMIT THIS FORM USING ANY OF THE FOLLOWING OPTIONS:
 - Mail it to the National Housing Trust, The Settlement Section, Loan Management Department, 4 Park Boulevard, Kingston 5
 - Hand deliver it to Customer Service at any Branch Office islandwide
 - Fax it to (876) 926-7144

	tion. Otherwise, you can make your request by email after completing and submitting the
Authorisation and Indemnity Form. You may ask an NHT Officer for assistance. SECTION B MORTGAGOR'S INFORMATION	
1. MORTGAGOR'S FULL NAME:	
2. NIS #: 3. SPECIFY LOAN ACCOUNT	FIRST NAME MIDDLE NAME T (S) TO BE PAID OFF: ACCOUNT #1:
3. SEEDIN EDAM ACCOUNT	
4. PROPERTY ADDRESS:	
- TELEPHONE CONTACT (1915)	ACCOUNT #3:
5. TELEPHONE CONTACT: (HOME)(WORK)	
6. DATE YOU INTEND TO PAY-OFF LOAN BALANCE: DAY MONTH	2 0 YEAR
N.B. (The payoff balance will be calculated as at the date specified in 6. above)	
7. IS THIS YOUR FIRST PAY-OFF STATEMENT? YES NO (Answer 8., only if you ticked No) 8. IF NO, HOW WILL THE FEE BE PAID? (i) I WILL PAY FEE AT THE NHT OFFICE (ii) PLEASE ADD FEE TO MY LOAN ACCOUNT	
10. WILL YOU BE SELLING THE MORTGAGED PROPERTY? YES NO	
11. IF YOUR ANSWER IN 10. ABOVE IS NO, PLEASE STATE REASON FOR PAY-OFF STAT	EMENT
SECTION C COLLECTING PAY-OFF STATEMENT	
1. I WILL COLLECT MY PAY-OFF STATEMENT: [tick (/) one box only]	
AT MY EMAIL ADDRESS N.B. THIS OPTION IS ONLY AVAILABLE TO PERSONS WHO HAV AUTHORISATION AND INDEMNIT THROUGH THE POSTAL SERVICE MANUAL ADDRESS	E COMPLETED AND SUBMITTED THE FORM
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Finalised by: MSU/HRM Dept. October 20