

**REPAYMENT ASSISTANCE APPLICATION FORM**

<b>Borrower Details</b>	
Name of Company:	
Company Registration Number:	
Contact Persons:	
Contact Number:	
Email Address:	
Loan/Financing Account Number:	
Loan/Financing Type:	<input type="checkbox"/> Term Loan <input type="checkbox"/> Overdraft <input type="checkbox"/> Trade Facility
Repayment Assistance Options:	<input type="checkbox"/> <b>Option 1: Six (6) months deferment of installments.</b>  <input type="checkbox"/> <b>Option 2: 50% reduction of installments for six (6) months.</b>

<b>Borrower's Declaration</b>
<p><b>By submitting this form,</b></p> <p><input type="checkbox"/> <b>I/ We hereby declare on behalf of the Company that</b></p> <ul style="list-style-type: none"> <li>i) The company's business is affected by the movement restrictions and I/ we have difficulties meeting our repayment obligations;</li> <li>ii) The company is not wound up or subject to an existing winding up petition/notice;</li> <li>iii) The company's loan/financing is presently not under rehabilitation with Credit Counseling and Debt Management Agency (AKPK);</li> <li>iv) I/ We declare that I am the duly authorized/ empowered director/ partner/ sole-proprietor to request for opt-in of the above repayment assistance options;</li> <li>v) I/ We have obtained consents from the existing guarantors for the above repayment assistance options.</li> </ul> <p><b>I/ We understand that:</b></p> <p><input type="checkbox"/> Normal interest/profit will continue to be charged and accrued during the deferment period. This may result in our loan/ financing tenure being extended;</p> <p><input type="checkbox"/> I/ We have the option to engage the Bank to revise the monthly repayment amount and/or schedule if our financials improve to reduce overall borrowing/ financing costs;</p> <p><input type="checkbox"/> I/ We agree to furnish the Bank with relevant information as may be required after our repayment/ payment assistance has been approved;</p> <p><input type="checkbox"/> Where required, I/ we need to sign relevant documents to complete the legal documentation, including those related to guarantors or joint accounts and/or variation agreements;</p>

The Bank reserves the right to modify/ rescind the repayment assistance if I/ we have found to have made false, misleading or incomplete representation in this application; and

If I/ we have missed our monthly repayment amount that are due and unpaid in full by more than ninety (90) days at the date of this application, I/ we agree for the Bank to offer us a customized solution that is more suitable for our financial circumstances. This may include sharing our loan/financing details with AKPK for further financial advice on managing our debt and allowing AKPK to access our CCRIS information.

**Signature cum Acceptance by Borrower**

By signing below, I/ we confirm that I/ we have read and agree to abide all the declarations as stated above and to confirm opt-in for the above repayment assistance for SME with India International Bank (Malaysia) Berhad.

\_\_\_\_\_  
Name:

Date:

[Company stamp]