

## RETAIL BUSINESS SECTOR LOAN DEFERMENT APPLICATION FORM

|  |                            |   |                           |
|--|----------------------------|---|---------------------------|
| <b>Type of Loan Deferment request:</b> Instalment Loan <input type="checkbox"/> Others <input type="checkbox"/> _____  |                            |   |                           |
| <b>Loan deferment period request</b> <input type="checkbox"/><br>(Principal Deferment)<br><br><b>Tenor:</b> _____  |                            | <b>Loan Restructure</b> <input type="checkbox"/><br><br><b>Tenor:</b> _____ |                           |
| <b>Repayment Option for the deferred Period:</b><br>- Extend Loan Tenure <input type="checkbox"/><br>- Increase loan repayment amount after loan deferred period <input type="checkbox"/><br>(Maturity Date remains unchanged as original maturity date) |                            |   |                           |
| <b>Property details :</b>  |                            |   |                           |
| <i>(Loan deferment period ends no later than 30 June 2022)</i>   |                            |   |                           |
| <b>COMPANY INFORMATION</b>   |                            |   |                           |
| Please state purpose of application:   |                            |   |                           |
| <b>Registered Business Name:</b><br><br><b>Registered Address:</b>   |                            | <b>Mailing Address:</b><br><br><b>Email/Website Address:</b>                |                           |
| <b>Trading Address:</b>  |                            | <b>Mailing Address:</b>   |                           |
| <b>Country of Incorporation</b>  | <b>Registration Number</b> | <b>Date of Registration</b>   | <b>Years in Operation</b> |
|  |                            |   |                           |
| <b>Business Telephone No:</b>  |                            | <b>Business Category: -</b>   |                           |
| <b>Direct Line:</b>  |                            | <input type="checkbox"/> Tourism  |                           |
| <b>Mobile Number:</b>  |                            | <input type="checkbox"/> Hospitality/Event Management                       |                           |
| <b>Main Contact Person:</b>  |                            | <input type="checkbox"/> Restaurant/cafes (Food and beverages)              |                           |
|  |                            | <input type="checkbox"/> Air transport                                      |                           |
|  |                            | <input type="checkbox"/> Food Supplies importers                            |                           |
|  |                            | <input type="checkbox"/> Medical supplies importers                         |                           |
| <b>No of dependents:</b>   |                            | Others: _____   |                           |
| <b>ACCOUNT DETAILS</b>   |                            |   |                           |
| <b>Customer Account Number:</b>  |                            | <b>Security (if any):</b>   |                           |
|  |                            |   |                           |

**Declaration:**

- 1) I/We agree to abide by the Terms and Conditions governing loan which are available at all Baiduri Bank branches.
- 2) I/We hereby confirm that the above is a true and accurate statement of my/our financial condition as of the date of the statement. I/We am/are aware and fully accept that should the statement or any part thereof prove to be false or misleading in any particulars you may recall all facilities granted to my business concern or to other borrowers guaranteed by me individually or jointly and severally with other guarantors.

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

Company Stamp \_\_\_\_\_

Designation : Managing Director/Sole Proprietor/Partner

Copy of IC Enclosed.

Signature \_\_\_\_\_

Date of request \_\_\_\_\_

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

Designation : Managing Director/Sole Proprietor/Partner

Copy of IC Enclosed.

Signature \_\_\_\_\_

Date of request \_\_\_\_\_

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

Designation : Managing Director/Sole Proprietor/Partner

Copy of IC Enclosed.

Signature \_\_\_\_\_

Date of request \_\_\_\_\_