

**EXPANDED TARGETED REPAYMENT ASSISTANCE PROGRAM/ PROGRAM BANTUAN PEMBAYARAN BERSASAR DILANJUTKAN**

**Application Form**

KATEGORI B40		KATEGORI M40 (to fill up Self Declaration Form)		OTHERS KFH REPAYMENT ASSISTANCE PROGRAM	
<input type="checkbox"/> 3 Months Moratorium	<input type="checkbox"/> 50% Reduction Instalment	<input type="checkbox"/> 50% Reduction Instalment	<input type="checkbox"/> 3 Months Moratorium	<input type="checkbox"/> 50% Reduction Instalment	<input type="checkbox"/> Others

NAME: \_\_\_\_\_  
 MYKAD NO.: \_\_\_\_\_ OTHER ID: \_\_\_\_\_  
 HOME NO.: \_\_\_\_\_ OFFICE NO.: \_\_\_\_\_ MOBILE NO.: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**FINANCING DETAILS**

TYPE OF FINANCING:  Home Financing  Automobile Financing  Personal Financing  
 ACCOUNT NO: \_\_\_\_\_  
 FINANCING AMOUNT: RM \_\_\_\_\_ MONTHLY PAYMENT: RM \_\_\_\_\_

**SOURCE OF INCOME**

CURRENT EMPLOYER NAME: \_\_\_\_\_  
 CURRENT EMPLOYER ADDRESS: \_\_\_\_\_  
 CURRENT SALARY: RM \_\_\_\_\_

**I hereby would like to request for a financial assistance to pay my financing facility(s)/program.**

REASON (this section is not applicable to B40 and M40 applicants)	Please tick (✓)
a. I have lost my employment due to retrenchment / resignation from (date) _____.	<input type="checkbox"/>
b. I have received a salary pay cut by _____% and has been reduced from RM _____ to RM _____.	<input type="checkbox"/>
c. I have moved to a new employment with lower salary amount	<input type="checkbox"/>
d. My household income is affected due to spouse/ family members is not employed, lost job due to retrenchment or received salary pay cut.	<input type="checkbox"/>
e. Other (please specify): _____	<input type="checkbox"/>

**Supporting Document(s) Submitted (Please select the appropriate box)**

**Please tick (✓)**

Category	B40	M40	Others
Termination Letter			
Employer's letter on salary pay cut			
Latest Employment Letter, <i>if newly employed</i>			
Latest 3 months Pay Slip ( <i>where applicable</i> )			
Latest EPF Statement			
Other relevant documents (please specify): _____			

By signing below, I hereby declare, acknowledge, agree and confirm that:

- The information given above is true and correct
- I am an individual / household income earner and am the receiver of Bantuan Sara Hidup (BSH)/ Bantuan Prihatin Rakyat (BPR)/ Bantuan Prihatin Nasional (BPN) program (if applicable)
- my application is subject to Bank's approval. The Bank has its right to reject my application in the event I fail to provide accurate information and complete documentation as required.
- If throughout the tenor the Bank has noticed that there are elements of falsification, intention of dishonesty, deceitful in providing the information, the Bank has the right to rescind, recall or cancel the facility/program and perform legal actions or whatever actions required to recover all or any amounts payable by me upon granting of this facility/program.
- My application is subject to my acknowledgement and acceptance of legal documentations in relation to the new or existing Terms and Conditions (if applicable)
- I hereby given my agreement and consent to KFH Malaysia to extend my financing tenure (if applicable).

Applicant signature \_\_\_\_\_

Name:

IC Number:

Date:

**Note: This application form to be submitted together with the supporting document via email at [Mykfh@kfh.com.my](mailto:Mykfh@kfh.com.my). For M40 applicants, a [Self-Declaration](#) form is to be filled up and submitted together.**