

Application Form

TARGETED REPAYMENT ASSISTANCE PROGRAM
PROGRAM BANTUAN PEMBAYARAN BERSASAR

<input type="checkbox"/> Loss of Job (All Categories)	<input type="checkbox"/> B40 (BSH BPR Recipient)	<input type="checkbox"/> Reduction of Income (All Categories)
<input type="checkbox"/> 3 Months Moratorium	<input type="checkbox"/> 50% Reduction of Monthly Instalments	<input type="checkbox"/> 50% Reduction of Monthly Instalments

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) _____
- b) I have received a salary pay cut by _____ % and has been reduced from RM _____ to RM _____
- c) I have moved to a new employment with lower salary amount
- d) My household income is affected due to spouse/ family members is not employed, lost job due to retrenchment or received salary pay cut.
- e) Other (please specify): _____

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

Please tick (✓)

Category	B40	M40	Others
Termination Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's letter on salary pay cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latest Employment Letter, if newly employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latest Bank Statement (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latest 3 months Pay Slip (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latest EPF Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Declaration Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant documents (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 / Bantuan Prihatin Nasional 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 give 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.

For M40 and other applicants, a [Self Declaration](#) form is to be filled up and submitted together.