

APPLICATION FORM

FINANCIAL MANAGEMENT AND RESILIENCE PROGRAMME (URUS)

<b>I am currently experiencing the following :-</b>		
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Loss 50% Income	
<input type="checkbox"/> Individual Income Less than RM5,000	<input type="checkbox"/> Household Income Less than RM5,880.00	
<input type="checkbox"/> Have a current repayment assistance program as at 30 <sup>th</sup> September 2021		
<b>I wish to apply for the following packages :-</b>		
<input type="checkbox"/> 3 months Profit Waiver Only (received in the following 3 months after approval)	<input type="checkbox"/> 3 months Profit waiver AND 6 months Moratorium + 18 Months profit servicing (for loss of employment only)	<input type="checkbox"/> 3 months Profit waiver AND 24 months reduced instalment (for 50% loss of income only)

<b>DOCUMENTS REQUIRED (any one)</b>
<i>EPF Statement</i>
<i>Bank Statement</i>
<i>Income Tax Form</i>
<i>Salary Slip / Payment Voucher</i>
<i>Letter of Termination</i>

<b>CUSTOMER DETAILS</b>				
NAME:				
ID TYPE	<input type="checkbox"/> NRIC	<input type="checkbox"/> Passport	<input type="checkbox"/> Army	<input type="checkbox"/> Police
MYKAD / ID NO.:				
DATE OF BIRTH:				
MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> MARRIED
MOBILE NUMBER :				
ALT CONTACT NO:				
EMAIL ADDRESS :				
NO OF DEPENDENT :				
STATE :				
CITY :				
RESIDENTIAL STATUS :	<input type="checkbox"/> RENTED	<input type="checkbox"/> OWNED	<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> OTHERS
URUS PACKAGE OPTION :	<input type="checkbox"/> PROFIT WAIVER ONLY		<input type="checkbox"/> PROFIT WAIVER AND REDUCED INSTALMENT	
<b>EMPLOYMENT AND INCOME STATUS</b>				
Applicant				
EMPLOYMENT STATUS	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> RETIREE
MONTHLY GROSS INCOME (PREVIOUS)				
MONTHLY GROSS INCOME (CURRENT)				
MONTHLY NET INCOME (CURRENT)				
<b>SPOUSE</b>				
SPOUSE EMPLOYMENT STATUS :	<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> NOT EMPLOYED	
SPOUSE MONTHLY GROSS INCOME (CURRENT)				

FINANCING DETAILS :				
BANK 1 NAME :				
FACILITY :	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PERSONAL FINANCING	<input type="checkbox"/> AUTO FINANCING	<input type="checkbox"/> HOME FINANCING
ACCOUNT NUMBER :				
FOR AUTO FINANCING :	YEAR MANUFACTURED : _____			
BANK 2 NAME :				
FACILITY :	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PERSONAL FINANCING	<input type="checkbox"/> AUTO FINANCING	<input type="checkbox"/> HOME FINANCING
ACCOUNT NUMBER :				
FOR AUTO FINANCING :	YEAR MANUFACTURED : _____			
OTHER LOAN COMMITMENTS (NON BANK) E.G. KOPERASI, PTPN ETC.				

**DISCLAIMER AND CONSENT :**

1. I hereby certify that all information provided is true and correct i.e. completely disclosed, to the best of my knowledge, all the relevant information required (including all my credit facilities and debt obligations) with the Bank and the Bank shall verify the same from any source, as may in your sole discretion deemed appropriate.
2. If it is discovered by you at any time, during my application process, that I have failed to disclose part or all the relevant information and/or falsely declared any information, the Bank reserves the right to decline/reject my application.
3. I understand and agree that my application will only be processed upon submission of my complete documentation required by the Bank and AKPK.
4. I hereby give consent as per requirement of Personal Data Protection Act 2010 (PDPA) for the bank to disclose information contained to AKPK to enable or facilitate AKPK in providing financial assistance and/or education on financial management in respect of my case.
5. I agree for AKPK to have access to my CCRIS report.
6. I agree that no further permission or consent required for AKPK to get any information from FIs and other third parties to enable AKPK to analyse and update existing records.
7. I understand that repayment restructuring shall apply for Islamic facilities based on Shariah concept (including a requirement to pronounce the new Akad, upon successfully enrolled into this scheme).
8. Where required, I will be notified by the Bank via email or call to sign relevant documents/ accept my repayment assistance plan to complete the legal documentation, including those related to guarantors or joint accounts and/or variation agreements.
9. If my application is successful, I understand that I have the option to engage the Bank to revise the monthly instalment amount if my financials improve to reduce overall financing/borrowing costs;
10. I understand that by providing accurate information on all my loan/financing facilities will allow the banks / AKPK to provide me with a suitable repayment assistance plan.

By ticking the agree button you are agreeing to the disclaimer & consents above (submit button only appear after ticking the box)  
Agree

Applicant signature

Name:

IC Number:

Date:

*If you require further details on the changes to your financing obligations before confirming your submission, or are having issues submitting your form, please call or contact 1300 888 534 (from 8 a.m. to 8 p.m.) or enquire further via email at [MyKFH@kfh.com.my](mailto:MyKFH@kfh.com.my)*

**Note: This form is to be submitted via email at [MyKFH@kfh.com.my](mailto:MyKFH@kfh.com.my)**



**FOR BANK USE ONLY**

B50 ELIGIBILITY :  YES  NO  
 LOSS OF EMPLOYMENT:  YES  NO  
 REDUCTION OF INCOME :  25%  50%  
 SUBMISSION DATE :

**BORROWER LOAN DETAILS (BLD) – FOR SINGLE LENDER ONLY**

OUTSTANDING BALANCE \_\_\_\_\_  
 DECISION ON INSTALMENT (AUTO FINANCING ONLY) : \_\_\_\_\_  
 CURRENT INSTALMENT : \_\_\_\_\_  
 EXISTING RA :  YES  NO  
 EXPIRING RA DATE : \_\_\_\_\_  
 PERFORMING FINANCING :  YES  NO  
 CURRENT PROFIT RATE : \_\_\_\_\_  
 JOINT BORROWER : \_\_\_\_\_  
 JOINT BORROWER NAME : \_\_\_\_\_  
 JOINT BORROWER ID : \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE  
 NAME OF AUTHORISED PERSONNEL

\_\_\_\_\_  
 SIGNATURE  
 NAME OF AUTHORISED PERSONNEL