



KFH MALAYSIA REPAYMENT ASSISTANCE PROGRAM

Application Form

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 SALARY: RM _____

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

REASON *(Please select the appropriate box)*

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

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

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:

- i. the information given above is true and correct.
- ii. 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.
- iii. my application is subject to my acknowledgement and acceptance of legal documentations in relation to the new or existing Terms and Conditions (if applicable).

Applicant signature

Date: _____

Note:

This application form to be submitted together with the supporting document via email at Mykfh@kfh.com.my.