To Bank Alfalah Islamic  
IBG Consumer Finance Date: \_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR DEFERMENT / Rescheduling of Consumer Finance facility**

Owing to current economic situation arising due to COVID-19, I/we hereby request the bank to please consider my application for deferment/rescheduling due to reduction in my/our repayment capacity.

Facility Availed: 🞏 **Auto Finance (Car Ijarah)** 🞏 **Home** **Musharkah**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Father/**  **Husband Name** |  |
| **CNIC** |  | **Contact Number** | **Office:**  **Residence:**  **Mobile:** |
| **Facility Reference** |  | **Facility ID** |  |
| **Profession** | 🞏 Salaried  🞏 Business Person | **Company/ Employer Name** |  |
| **Nature of Business** |  | | |
| **Reason of Principal Deferment/Re Scheduling** |  | | | |
| **Residential Address** |  | **Official/**  **Business**  **Address** |  |
| **Requested Facility** | 🞏 Principal Deferment up to \_\_\_\_\_\_\_\_\_\_\_ Months  🞏 Loan Rescheduling/Restructuring up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months | | |

I understand that any financial charges {Profit (rent under Home Muhsarakah and full/partial rental under Car Ijarah), Takaful/Insurance etc} which are already booked by the Bank on my behalf/Facility shall be paid by me as and when demand raised by the Bank for my Facility restructuring/deferment. However, in case of any charity due to late payment, I shall be liable to pay before final settlement and closure of the relationship.

I undertake, the details of this application form are correct, complete and accurate and I/We have not withheld any information.

* Bank Alfalah Islamic reserves the right to reject my/our application at its sole discretion.
* The finance facility will be provided subject to the terms and condition contained in the facility offer letter (if issued by Bank Alfalah Islamic offering me/us the facility.

Your truly,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Applicant** *(Sign as per CNIC)* **Co-Applicant:** *(Sign as per CNIC)*

**CHECK LIST OF PRINCIPAL DEFFERMANT/RESCHEDULING OF CONSUMER FINANCE FACILITY**

**<BAF Staff Internal Use Only>**

**Channel of Customer Request** (Please tick): 🞏 Branch 🞏 Consumer Finance Centre 🞏 Others

I hereby confirm that enclosed application of Mr/Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/O, W/O, D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is reviewed and being submitted with below requirements:

1. Customer application completely filled with required information and signatures as per CNIC Yes/No
2. Clear Copy of CNIC with readable credentials, Signatures and marked Original Seen Yes/No
3. Customer Signature Verified- By Branch/CS/Walk-in Staff Yes/No

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**