

Date:

HSBC Amanah Malaysia Berhad
Debt Work Out & Special Groups
Collections & Recoveries Unit
Level 3, South Tower
Bangunan HSBC,
2 Leboh Ampang,
50100 Kuala Lumpur
Fax: 03-21791001

Dear Sir,

Re: **DEBT REWRITE PROGRAMME**

I refer to the above and would like to request HSBC Amanah Malaysia Berhad to consider a **restructuring / rescheduling / refinancing** of my following account(s), details of which are as follows:-

- 1) APF-i/Credit Card-i
Account No
- 2) Facility/ies Account No
- 3) Reason/s

(Please state the reason(s) for such request/application in details)

4) Living Expenses

	Monthly (RM)
Housing (Rent-/ Mortgage Loan)	
Rates	
Property Management Fee	
Auto Instalment & Maintenance	
Water, Electricity & Gas Fee	
Phone (Home, Mobile or Pager)	
Transportation Fee	
Food & Groceries	
Clothing	
Child Care	
Education	
Health & Dental Care	
Income Tax	
Others (e.g. Alimony Paid)	
Total Expenses	

5) Attached are the supporting document(s) for my request as follows:-

Photocopy of MyKad (both sides) **Yes / No**

For Salary Earner:

Latest 3 months' salary slip OR 3 months Bank Statement clearly indicates the crediting of salary amount/Company Letter of Offer OR latest B/BE/e-Tax Form OR latest EPF statement not exceeding 12 months old.

Yes / No

For Unemployed:

Letter of undertaking from 3rd party to pay the Instalment.

Yes / No

For Variable Income Earner:

3 months commission slip and 3 months Bank Statement clearly indicates the crediting of payment amount /latest B/BE/e-Tax Form/latest EPF Statement not exceeding 12 months old.

Yes / No

For Self-employed:

Latest 6 / 9* months business bank statements/proprietor's bank
Statements OR Latest 6 / 9* months personal bank statements

*Required if month-to-month variance is > 50% OR

B/BE/e-Tax Form.

Yes / No

For 3rd Party Guarantee Mortgage Facilities:

Consent/approval from guarantor(s) of the original financing must be
obtained. (**Note: ONLY applicable for secured Restructuring**)

Yes / No

6) Any supporting documents

Appointment letter / Medical report, Bills etc

Yes / No

*Clear supporting document(s) required.

Please consider my request as follows:-

- Monthly Payment -: RM..... to RM.....
- Others:
-
-
-
-

I hereby declare that I will continue to service my APF-i/credit card-i account(s) and/or pay my current monthly payment for my existing facility account(s) with the Bank pending approval of my request/application herein.

Yours faithfully

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Name :

Current Employment details:

IC No :

*Contact No. : H/P..... Office

*Latest Correspondence Address:

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**Note: Any changes to Contact Number & Correspondence Address to be updated/maintained by Branch.*