

DEFERMENT SCHEME
APPLICATION FOR DEFERMENT AND/OR RESCHEDULING

TO : AmBank / AmBank Islamic
BRANCH :
DATE :

Application details (to be fill up by Customer)

Application For:

Name	:		1. Deferment	<input type="checkbox"/>
NRIC No.	:		2. Rescheduling	<input type="checkbox"/>
Account No.	:		3. Deferment and rescheduling	<input type="checkbox"/>
Address	:			
Contact No.	:			

Account details (to be fill up by Collections/ Branch)

Description of security	:	
Balance outstanding	:	
Month in Arrears	:	
Deferment period	:	

Requested by:

Signature of Customer

For office use only

Recommended by: _____ Collections officer	Document attached <input type="checkbox"/> No document <input type="checkbox"/>
Approved/Rejected by: _____ Collection Unit Head/Section Head	Submission date: _____ Remarks:

Please email the completed form to our Collection Management Team, rcd-quick-response-team@ambankgroup.com
For further assistance or clarification, please contact our Collection Management line at 03-2054668.