

To Branch Manager \_\_\_\_\_  
 House Building Finance Company Limited

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

**REQUEST FOR DEFERMENT / RESTRUCTURING UNDER REGULATORY RELIEF COVID-19**

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

Facility Availed For:  Construction  Purchase  Renovation  BTF

Loan Account Number		Mortgage Property Address	
Description	Applicant		Co-Applicant
Full Name			
CNIC			
Date of Birth	d d m m y y y y	d d m m y y y y	d d m m y y y y
Contact Number	Office: Residence: Mobile:		
Residential Address			
Official/ Business Address			
Profession	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed Business <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> No Income		<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed Business <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> No Income
Employer Type	<input type="checkbox"/> Government <input type="checkbox"/> Semi Government <input type="checkbox"/> Private		<input type="checkbox"/> Government <input type="checkbox"/> Semi Government <input type="checkbox"/> Private
Employer Name/ Nature & Name of Business/ Profession			
Pre-Crisis Monthly Income			
Post-Crisis Monthly Income			
Requested Relief	<p><b>Option 1:</b> <input type="checkbox"/> Principal Deferment _____ Months (HBFC may consider for upto 12 months)</p> <p><b>Option 2:</b> <input type="checkbox"/> Markup/Rent Deferment _____ Months (maximum allowable upto 6 months)</p> <p><b>Option 3:</b> <input type="checkbox"/> Principal plus Markup/Rent Deferment _____ Months (maximum allowable upto 3 months)</p> <p>I /we understand that in all above situations Extension in Repayment Tenure may be done by HBFC to facilitate my/our repayments subject to my/our facility matures at the age of 60(for salaried customers) and 65 (for all others). This extension will be notified through addendum to FOL and/or other documents to be signed by me/us.</p>		

Specific Reasons of Deferment/Restructuring	
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I/We undertake;

- The details of this application form are correct, complete and accurate and I/We have not withheld any information.
- House Building Finance Company Ltd. reserves the right to reject my/our application at its sole discretion.
- The Relief will be provided subject to the terms and condition contained in the addendum to offer letter and/or execution of other charge documents subject to approval of requested relief.

Yours truly,

\_\_\_\_\_  
**Applicant(s)** *(Sign as per CNIC)*

**CHECK LIST OF DEFFERMANT/RESTRUCURING**  
**<HBFC Staff Internal Use Only>**

**Channel of Customer Request** (Please tick):     Branch     Email/Online     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- 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 |

The undersigned confirms that the customer(s) meets the laid down criteria provided in the policy document and State Bank of Pakistan instructions/guidelines for requested relief under COVID-19 situation.

**Branch Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Branch Manager Name:** \_\_\_\_\_

**PIN #:** \_\_\_\_\_ **Designation:** \_\_\_\_\_