

RELIEF MEASURES REQUEST FORM (COVID19 RELATED APPLICATION)

OFFICE USE ONLY

FACILITIES RECOMMENDED FOR CONCESSIONS

FACILITY TYPE	FACILITY NUMBER	AMOUNT	PERFORMING / NON-PERFORMING

FACILITIES REJECTED FOR CONCESSIONS

FACILITY TYPE	FACILITY NUMBER	AMOUNT	REASON FOR REJECTION

REVISED REPAYMENT TERMS *(if applicable)*

LOAN TYPE PL HL LAP POD TOD STAFF TL RL VL

LOAN AMOUNT TO BE RESCHEDULED (CAPITAL O/S + ACCRUED INTEREST)

PURPOSE

DEBT CONCESSION PERIOD INTEREST RATE

INSTALLMENT AMOUNT NUMBER OF INSTALLMENTS

REMARKS

FINAL APPROVAL

APPROVING AUTHORITY <i>(Designation)</i>	APPROVED DATE	SIGNATURE	NAME

APPROVING REMARKS