

Application for Deferment of Saadiq Personal Finance Installment

Date: _____

Branch: _____

To Standard Chartered Bank- UAE,

With reference to my/our Saadiq Personal Finance with Standard Chartered Bank- UAE, I/we hereby apply for the deferment of my/our installment for:

The installment date of

D	D	M	M	Y	Y	Y	Y

 (to defer 1 month Installment)

OR

The installment dates of

D	D	M	M	Y	Y	Y	Y

 and

D	D	M	M	Y	Y	Y	Y

 (to defer 2 consecutive monthly Installments)

My/Our Account details are as follows:

Name(s): _____

Product: _____

Finance A/c Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Deferred Installment to be paid on:

D	D	M	M	Y	Y	Y	Y

Second Deferred Installment to be paid on:

D	D	M	M	Y	Y	Y	Y

- 1) I/We authorize Standard Chartered Bank to debit all applicable charges being AED _____ as specified in the Standard Chartered Saadiq Service and Price Guide* for the requested deferment of the Saadiq Personal Finance installment(s).
- 2) I/We agree to pay the deferred installment(s) amount at the end of the Saadiq Personal Finance tenor.
- 3) If I/we opt to settle the Saadiq Personal Finance before the expiry of the tenor, I/we will be liable for the deferred installment(s) amount as a result of the deferment(s).
- 4) I/We acknowledge that applying for this offer shall not change any of the Terms and Conditions that govern my Saadiq Personal Finance and I/we agree to continue to be bound by the Terms and Conditions governing Standard Chartered Saadiq Personal Finance as set out in the Saadiq Personal Finance Offer Letter and Agency Agreement.
- 5) I/We understand that approval for my/our application shall be granted at the sole discretion of Standard Chartered Bank, UAE.
- 6) I/We understand that my/our application should reach Standard Chartered Bank at least 5 days before my/our Saadiq Personal Finance installment due date.

***The Standard Chartered Saadiq Service and Price Guide is available at the branches or refer to www.standardchartered.ae for the latest charges.**

Signature of customers(s) _____

Date _____

For fax-backs fax this form on: _____

(To be filled by Bank Official)

For Official use only

Customer is part of Approved Credit List Yes No

Customer has sufficient funds in Account Yes No

Date received _____ Approved by _____

Date deferred _____ Actioned by _____

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