

Date: _____

To,
Amlak Finance PJSC
Dubai, UAE

Subject: COVID – 19 Deferment Request - CIF No. _____

Account No. _____

I, the undersigned (Mr. / Ms. _____) would request for a payment deferment on my finance for 6 months due to the direct impact of COVID-19 on my financial position. Accordingly increase my finance tenure by 6 months. I undertake to settle the Property and Life Takaful amounts during the six month period through the DDA. Below is the justification for the impact on my financial position as a result of COVID-19.

I, hereby, authorize Amlak Finance PJSC to access by AECB reports for the purpose of assessment of this request.

I, hereby, declare that the information provided in and together with this request is true and correct. I understand that any willful misrepresentation may render for immediate refusal of this request. I also understand Amlak Finance PJSC may at its discretion approve or reject the deferment request without giving any reasons or offer other remedial measures as it deems suitable for the customer's financial position.

Truly,

Signature : _____
Name : _____
Date : _____

Email		Mobile No.	
Residential Address		Home Country Address	
Residential Contact No.		Home Country Contact No.	