

Loan Rehabilitation Agreement

Name of Applicant

Email of Applicant

Phone Number of Applicant

Upon careful consideration, we have calculated your periodical repayments to be amounting to _____ to be paid for _____ months, beginning _____ and on the same day of every month onwards until final payment. This amount is based on the information you have given us and other supporting documents that reflected your income capacity.

Should you accept this adjusted pricing scheme, please return this document to us with your signature affixed to the field provided at the end of this document.



AGREEMENT

By signing below, I,	am expressing my application for Loan
Rehabilitation for the amount of	to be paid for
months, beginning	and on the same day of every month onwards
until final payment.	

I understand that this submission is not an automatic approval of my application and is still subject to processing and final approval. Upon successful approval of this application, I understand that I shall be removed from the status of delinquency unless further failure of payment arises during this period of Loan Rehabilitation. My eligibility as to any privileges, if any, shall be reinstated.

I also understand that:

- 1. It shall be my responsibility to remit payment on each month to the monthly amount specified in this Agreement.
- 2. My loan shall be qualified for rehabilitation only once during the effectivity of a Loan Rehabilitation Agreement.
- 3. A missed payment during the period may result in the cancellation of this Agreement.
- 4. After the completion of this Agreement, the Lender shall provide a new payment scheme based on the remaining balance of my loan.
- 5. I cannot advance or pre-terminate this Agreement without the consent of the Lender
- 6. Any interest owed by me during the rehabilitation period shall be capitalized and shall form part of the principal amount due.

I have read the above and agree to the terms and conditions of the loan rehabilitation program and this repayment agreement.



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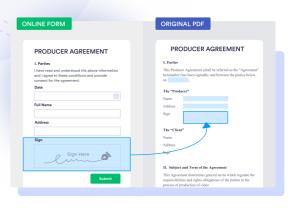
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