

RHB Bank Building, Singapore 069531.
Tel: 1800 323 0100 Fax: 6224 4394 Email: contactus@rhbbank.com.sg

For the Guarantor (where applicable):
- Singapore Citizen or Permanent Resident
- Aged 21 and above
- Gainfully employed

Campaign		

RENOVATION LOAN APPLICATION FORM

ELIGIBILITY CRITERIA
For the Main Applicant:
- Singapore Citizen or Permanent Resident
- Aged between 21 and 55 years
- Earning a minimum annual income of S\$24,000

For the Joint Applicant (where applicable):
- Singapore Citizen or Permanent Resident
- Aged between 21 and 55 years
- Joint Applicant must be a spouse, sibling, parent, or child of the Main Applicant.

Note: Either the Main or Joint Applicant must be the owner of the property to be renovated.

IMPORTANT INFORMATION
Fees and Charges

- Processing Fee: 1% on the approved loan amount to be deducted upon release of this loan.

- Release of loan (less the processing fee) is by way of issuance of Cashier's Order(s) addressed to your contractor(s).

- Prevailing bank charges are payable for the 2nd and 3rd Cashier's Orders issued.

- Loan is to be released within 3 months from the Approval Letter date upon receipt of the Disbursement Authorisation Form and all documents required as set out in the Approval Letter.

DOCUMENTS REQUIRED		Main Applicant	Joint Applicant (where applicable)	Guarantor (where applicable)
Please tick the documents that you will Copy of Contractor's Quotation/Invo	pice duly signed by Applicant(s) and Contractor(s).			
Proof of Income:	Applicant(s) and Guarantor (where applicable).			
Salaried Employee:	 i) Latest Computerized Payslip OR ii) CPF Contribution Statement for past 12 months OR 			
Variable Income/Commission Bas	iii) Latest Income Tax Notice of Assessment (NOA) sed Earner: i) Latest 6 months Computerized Payslip OR			
variable meeme, commission bac	ii) CPF Contribution Statement for past 12 months			
Self-employed:	iii) Latest Income Tax Notice of Assessment (NOA)i) Income Tax Notices of Assessment (NOA) for past 2 years			
 Proof of ownership on property to be 	and print from https://mytax.iras.gov.sg using your SingPass or IRAS PIN ie renovated e.g. HDB Letter of Approval/Flat Information, CPF Property			
Withdrawal Statement, Certificate o For HDB Flat Information, log on and p • For joint application: Document pro	rint from www.hdb.gov.sg using your SingPass			
Note: The Bank may at its sole discre	of of relationship e.g. copy of marriage or birth certificates tion request for additional documents. Applications not accompanie	d by required documents o	r with incomplete informa	ation will cause a delay
in processing.	FINANCIAL REQUEST			
	Nan	ne of Contractor(s)		
				-
Loan Amount Required: S\$	(minimum S\$10,000, maximum S\$30,000)			
Loan Tenure 1 year	2 years 3 years 4 years 5 years	ne of Property Owner(s)		
,				
Type of Rate Package:	Monthly Rest Flat Rate			
Address of Property to be Renovated:			Postal Code	
	Res	idential Type		
Ownership Type: Mortgaged		HDB Condo	/ Apt Ser	mi-Detached
No. of Years in Residence		Others, pls specify		Botaonoa
THOUGHT GOILD INTEROGRAPHO	MAIN APPLICANT'S PERSONAL PA			
		ARTICULARS		
Name (as in NRIC)	☐ Mr ☐ Mrs ☐ Mdm ☐ Ms ☐ Dr			
(Please underline surname)				
NRIC / Passport* No.	Date	of Birth (d d m n	Gender:	Male Female
Nationality	Singaporean Permanent Resident, pls specify National	lity	No. of D	Pependants
Marital Status	Single Married Divorced Wide	owed		
Highest Education Obtained		Diploma 'A' Level	Others (Pls specify)	
Address (as in NRIC)		Diploma 77 E070	_ callere (i le speelily)	
7 (40 117 11 110)				No of Years
		Postal	Code	in Residence
Mailing Address (within Singapore) (if different from above)			Postal Code	2
NOTE: In the case of joint applicants, we agree	that this address shall be used for all correspondences between RHB and us subje	ect to RHB Bank Renovation Loar		
Ownership Type	Mortgaged / Loans Self-Owned Parents' / Relativ		Rented, Rental S\$	
Residential Type	HDB Condo/Apt Semi-Detached	Others, pls speci		
			,	
Contact No. (Please provide at least 2)	Home Mobile	Office		Extn
,	Email Address			
	MAIN APPLICANT'S EMPLOYME	NT DETAILS		
Name of Current Employer				
Industry Type		Occupation		
Job Status	Salaried Self-Employed Commission-Earner	Others (Pls specify)		
Monthly Income	S\$		Income S\$	
Length of Service	years mo	nths		
Address of Employer				-
Name of Previous Employer				
(if <2 years in current employment)		Length of	Previous Service	years months

	JOINT APPLICANT'S PERSONAL PARTICULARS (where applicable)
	□ Mr □ Mrs □ Mdm □ Ms □ Dr Relationship with Main Applicant:
Name (as in NRIC) (Please underline surname)	Spouse Sibling Parent / Child
NRIC / Passport* No.	Date of Birth Gender: Male Female
Nationality	Singaporean Permanent Resident, pls specify Nationality No. of Dependants
Marital Status	Single Married Divorced Widowed
Highest Education Obtained	Higher Degree / Professional Qualification Degree Diploma 'A' Level Others (Pls specify)
Address (as in NRIC)	
,	Postal Code No of Years in Residence
Ownership Type	☐ Mortgaged / Loans ☐ Self-Owned ☐ Parents' / Relatives' ☐ Employer's ☐ Rented, Rental S\$
Residential Type	HDB Condo/Apt Semi-Detached Others, pls specify
Contact No.	Home Mobile Office Extn
(Please provide at least 2)	Email Address
	JOINT APPLICANT'S EMPLOYMENT DETAILS (where applicable)
Name of Current Employer	
Industry Type	Occupation
Job Status	Salaried Self-Employed Commission-Earner Others (Pls specify)
Monthly Income	S\$ Other Income S\$
Length of Service	years months
Address of Employer	
Name of Previous Employer (if <2 years in current employment)	Length of Previous Service years month
(ii <2 years in current employment)	GUARANTOR'S PERSONAL PARTICULARS (where applicable)
	☐ Mr ☐ Mrs ☐ Mdm ☐ Ms ☐ Dr Relationship with Main Applicant:
Name (as in NRIC) (Please underline surname)	
NRIC / Passport* No.	Date of Birth Gender: Male Female
A	(d d m m y y)
Nationality	Singaporean Permanent Resident, pls specify Nationality No. of Dependants
Marital Status	Single Married Divorced Widowed
Highest Education Obtained	Higher Degree / Professional Qualification Degree Diploma 'A' Level Others (Pls specify)
Address (as in NRIC)	No of Years Postal Code in Residence
Ownership Type	Mortgaged / Loans Self-Owned Parents' / Relatives' Employer's Rented, Rental S\$
Residential Type	HDB Condo/Apt Semi-Detached Others, pls specify
Contact No.	Home Mobile Office Extn
(Please provide at least 2)	Email Address
	GUARANTOR'S EMPLOYMENT DETAILS (where applicable)
Name of Current Employer	
Industry Type	Occupation
Job Status	Salaried Self-Employed Commission-Earner Others (Pls specify)
Monthly Income	S\$ Other Income S\$
Length of Service	years months
Address of Employer	
Name of Previous Employer (if <2 years in current employment)	Length of Previous Service years month
RENOVATION LOAN	SERVICING ACCOUNT - AUTHORISATION TO DEBIT ACCOUNT FOR MONTHLY INSTALMENTS
Please tick accordingly:	
	0 1/0 : /7710 0 1 4 14 0 1
For existing RHB Bank	c Current/Savings/TRIO Current Account* Customer
	nly instalments, interest, costs, charges, fees and all other in connection with the Renovation Loan to be debited from
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I/We authorise the month monies due and payable my/our RHB Bank Acco. For non-RHB Bank Cu: The Bank will open a nev Joint Applicant (to be oppayable in connection will like hereby authorise and Loan application and agr	Authorised Signature(s)
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Company

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	Branch	Newspaper Magazine	Internet	Friends Roadsho	ow Intermediary	EOR OFFICIAL LISE ONLY
						Individual

Contact No. :

NRIC No.

Company

DECLARATION & AUTHORISATION BY APPLICANT(S)

- instruction.

 15. I/We shall indemnify the Bank and keep the Bank indemnified at all times against and from all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against the Bank or suffered or incurred by the Bank arising either directly or indirectly out of or in connection with the Bank accepting fax or email instructions from or purportedly from me/us.

 16. DEATH, INSANITY, BANKRUPTCY OR ANY DISABILITY OF GUARANTOR

 17. DEATH, INSANITY, BANKRUPTCY OR ANY DISABILITY OF GUARANTOR

 18. DEATH, INSANITY, BANKRUPTCY OR ANY DISABILITY OF GUARANTOR

 19. DEATH, INSANITY, BANKRUPTCY OR ANY DISABILITY OF GUARANTOR

In Sanking the Bank immediately of the death, insanity, bankruptcy or any disability of the guarantor ("Guarantor") during the period before full repayment of the Loan and interest thereon. In such an event, I/we further undertake to provide the Bank with a replacement Guarantor within 1 month from the date of the notice to the Bank.

Important: If your application is approved, the Bank will issue you an Ap available for drawdown within 3 months from the date of the Approval Le	proval Letter with a Renovation Loan Disbursem etter.	nent Authorisation Form. Please note that the approved Henovation Loan is
Signature of Main Applicant & Date:		Signature of Joint Applicant & Date:

DECLARATION & AUTHORISATION BY GUARANTOR (where applicable)

Recommended By: Name / Title / Date

- I hereby declare and confirm the following:

 1. I am not a bankrupt and no statutory demand has been served on me.

 2. All information contained herein and the documents submitted are true, correct and complete and I have not withheld any information that may prejudice this application. I undertake to notify the Bank immediately of any change in such information.

 3. I authorise you or your representative to verify information relating to this application from any source without reference to me.

- l authorise you or your representative to verify information relating to this application from any source without reference to me.

 I will provide any additional information and supporting documents from time to time as required by the Bank.

 I agree to sign a Guarantee document in such form and on such terms as the Bank requires if this application is approved.

 I hereby expressly and irrevocably permit and authorise the Bank and the Bank's of the Bank and the Bank an

Signature of Guarantor & Date: For Bank Use Main Applicant Joint Applicant Guarantor Employer Industry Code Occupation Code Monthly Income Annual Income DIRECT INDIRECT Received Via: Walk-In Cross-sell Mail Email KYC Done: Verify IC Verfication Form Completed Signature Verified: Yes Name of Sales Officer Temporary Credit (Yes/No): S\$ Submitted Date Credit Limit (\$'000) Monthly Repayment (S\$) Interest Rate (%) ADSR (%) Group Limit S\$: Secured S\$: Unsecured S\$ Deviations: (Yes/No) Comments Comments: Approved/Rejected By:

Delete where applicable Form No. RL051/SEP13/AF1

Name / Title / Date