

HSBC Debt Consolidation Plan Repayment Form

I understand that:

- A 30-day notice period is required to repay my debt consolidation loan.
- Upon receipt of this repayment request, the Bank will send me, via post to my address on record, a Repayment Letter, indicating the exact amount/s and date/s that my payment/s should be made.
- If I fail to make the necessary payment/s on the stipulated date/s, this repayment request will be void, and I will need to issue a fresh repayment request where a fresh 30-day notice period will apply.
- I am liable for an early repayment fee of
 - 1) 3.9% of repayment amount for debt consolidation loan approved on or before 15 Apr 2018;
 - 2) 5% of repayment amount for debt consolidation loan approved on or after 16 Apr 2018

Attention: **HSBC Bank (Singapore) Limited**
 Operations - Cards & Loans (Post Approval)
 Robinson Road P.O. Box 896 Singapore 901746

Personal Particulars

Full name _____

NRIC no.

Contact no.

Debt Consolidation Loan Details

Debt Consolidation Loan Account no. - -

Repayment Account no. - -

Reason for Repayment

(Please tick (✓) ONE box only)

<input type="checkbox"/> Dissatisfied with granted loan amount	<input type="checkbox"/> Identified more competitive product	<input type="checkbox"/> To meet TDSR requirement
<input type="checkbox"/> Moving away	<input type="checkbox"/> Dissatisfied with the fees/charges/pricing	<input type="checkbox"/> Personal circumstances change
<input type="checkbox"/> Do not need the buffer on the loan amount granted	<input type="checkbox"/> Sale of Property/Windfall	<input type="checkbox"/> Dissatisfied with the product/features
<input type="checkbox"/> Misinformed/mis-sold product	<input type="checkbox"/> Dissatisfied with Staff Behaviour	<input type="checkbox"/> Refinance to another bank

Repayment Request

(Please tick (✓) where applicable)

Full Repayment

Partial Repayment*

Please select one:

- I will be paying exactly S\$ _____ of my outstanding loan balance which is no more than 5% of the approved loan amount (repayment date is within 60 calendar days from the approval date of debt consolidation plan).
- Please repay exactly S\$ _____ of my outstanding loan balance. I will pay my next repayment due separately.
- I will be paying exactly S\$ _____ on the partial repayment date. This amount covers my next repayment payment and partial payment of my outstanding loan balance.

* Please note that your monthly repayment amount will remain unchanged, and the number of monthly repayment(s) remaining will be re-calculated.

Signature

 Date _____

* Please ensure that your signature matches that of your Debt Consolidation Loan Repayment Account.

If you require further assistance, please contact our 24-hour Customer Service Hotline at **1800-HSBC NOW (4722 669)** in Singapore or **(+65) 6-HSBC NOW (4722 669)** from overseas.