

Application-cum-Consent Letter
Resolution Framework 2.0 for COVID-19 related stress
(FOR CREDIT CARD ACCOUNTS)

(To be submitted along with documents as per the check list)

To
Punjab National Bank
Credit Card Processing Centre
Rajendra Bhawan, Rajendra Place
New Delhi, PIN: 110066

Sub: Restructuring of my Credit Card No.

I request you to restructure the dues outstanding in my Credit Card up to 31.03.2021 or balance outstanding in my Credit Card as on date of invocation (whichever is lower) as indicated below in the application due to COVID-19 related stress.

The necessary particulars are furnished hereunder:

I. Personal Details of Credit Cardholder

Full Name	Mr/Ms
Father's/Spouse Name	Mr
PAN No/Aadhaar No./ If business, GST No	
Present Residential Address	
Mobile No./ Email ID (Registered)	/
Permanent Address	
Communication to be mailed to	<input type="checkbox"/> Permanent Address <input type="checkbox"/> Present Address

II. Personal Details of Add-on Cardholder (if any)

Full Name	
Father's/Spouse Name	
Relationship with Cardholder	
PAN No/Aadhaar No./ If business, GST No	
Present Residential Address	
Mobile No./Email ID (Registered)	
Permanent Address	

III. Professional Details of Cardholder

Type of Job/ Nature of Business	
Central /State Govt/PSU/Pvt Ltd/Other	
Name of organization/ Business Concern	
Department & Designation	
Length of service/ Duration in present business	

IV. Income Details of Cardholder:

Salaried/ Pension Person		Other than Salaried/ Pension Person	
Monthly Gross Salary/ Pension	Rs. _____	Annual Gross Income	Rs. _____
Monthly Net Salary/Pension	Rs. _____	Annual Net Income	Rs. _____
Other Income (Specify)	Rs. _____	Income Tax Paid if any	Rs. _____

Name of the Bank and account details	_____	Name of the Bank and account details	_____

V. Existing Liabilities: (with our Bank / other lenders) (Amt. in Rs.)

Name of Bank/ FI	Facility	Account no.	Limit Sanctioned	Outstanding

VI. Detailed reasons & Justification of financial stress faced due to COVID-19:

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UNDERTAKING

I hereby **declare and undertake** that all above information furnished by me are true, correct and complete to the best of my knowledge and belief.

I hereby undertake that my income/cash flows and repaying capacity have been severely affected due to COVID-19 pandemic and consequently I am facing difficulties in paying the Credit Card dues on time.

The information may also be exchanged by the Bank with any agency as the bank may deem fit. Bank, it's representatives, or any other agency as authorized by Bank, may at any time, inspect/ verify my/our assets, books of accounts etc. in my/our factory/business premises. The Bank may take appropriate safeguards/action for recovery of bank's dues.

I am aware that on account of restructuring, there is an impact on overall repayment.

Signature of Credit Cardholder

Date:.....

Name:

Place:.....

Mobile No:.....

Email ID :.....

CHECK LIST

(The check list is only indicative and not exhaustive and depending upon the requirements of banks addition/deletion can be made as per necessity).

Following documents will be required to submit duly signed by the Cardholder in order to avail the facility under the Resolution Framework 2.0 for COVID-19 Related Stress , under the guidelines issued by RBI vide its circular RBI/2021-22/31, DOR.STR.REC.11/21.04.048/2021-22 dated 05.May 2021.

1. **Application-cum-Consent Letter for Resolution Framework 2.0 COVID-19 related stress**
2. **Agreement(Un Stamped) For Restructuring (Covid-19 Related Stress – Credit Cards)**

FOR OFFICAL USE AT CCPC/ HO ONLY

Comments/recommendations of Appraising Officer

I. Position of account as on 31.03.2021

Credit Card Account ID:

Credit Card issuance date	O/s Amt. (Rs.) as on 31.03.2021	O/s Amt. (Rs.) as on Date of Invocation	Limit	Present EMI (if Any)

***EMI- Equated Monthly Instalment, GMI/S – Gross Monthly Income/ Salary**

Remedial Measures with the estimated time frame:

Re-schedulement of instalments (Time period of re-schedulement sought to be mentioned along with moratorium if any)	
Any Other (specify)	

The Credit Cardholder is eligible under “Resolution Framework for COVID-19 Related Stress for Credit Card limit utilized as on 31.03.2021 as per justification given below.

It is recommended for permitting moratorium to be extended for _____ months. On account of restructuring outstanding balance as on 31.03.2021 or dues outstanding as on date of application (whichever is lower) of Rs. _____, EMI will be calculated incorporating the financial charges to be accrued during moratorium period so that on payment of last EMI the outstanding dues will become NIL.

Justification:

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.....
.....

Place:

Date: (Signature and name of Appraising Officer)

Orders of the Sanctioning Authority

(Signature and Name of Sanctioning Authority)

Place: New Delhi

Date:

ACKNOWLEDGEMENT

Received from Mr/Ms/M/s.....
.....(Name & Address) an application dated
..... for resolution plan in Credit Card account due to COVID-19 related
stress.

Date

Signature of Authorized Official

Name:

BO:

Please Note that:

1. This is only an acknowledgement for having received the application and this should not be construed as an indication of our acceptance of the proposal, a decision on which will be taken only after due consideration of the proposal on its merit and / or on fulfilment of conditions if any, that may be stipulated by the Bank.
2. The application will be taken up for consideration by HO:CCPC Rajendra Bhawan , Rajendra Place , New Delhi ,only after all the particulars / data / documents as may be required are received by the Bank.
3. The application will be disposed off as per RBI guidelines on “Resolution Framework for COVID 19-related Stress” subject to receipt of all the details /papers/documents /clarifications sought by the Bank.
4. In case the proposal is sanctioned/rejected, the same will be intimated to the applicant on registered email-id.