

Place, date

Full name

Correspondence address

PESEL (Polish Resident Identification Number)

ID card number  Phone number

E-mail address

## Application debt repayment restructuring

1. The restructuring concerns the following:

- Cash loan                       Credit card                       Overdraft facility - Line of credit

2. Reason for requesting the change\*:

- reduced remuneration                       higher expenses                       medical condition\*\*
- loss of employment                       permanent incapacity for work                       retirement
- death of spouse/joint borrower                       other financial liabilities

other

3. Preferred type of requested change (you can check more than one option)\*\*:

- change of payment deadline                       extension of the lending period                       shortening of the lending period

lowering of monthly instalment (please declare the new instalment amount )

deferring the nearest instalments to the end of the lending period

other proposals

4. Have you filed for Consumer Bankruptcy or have there been/are there any bankruptcy proceedings pending against the Borrower/Joint Borrower?

Yes, please specify the date

No

5. Is there a fixed income in your household?

Yes, please specify the source and net amount per month

No

6. List of appendices:

a)

b)

c)

7. Statements\*\*\*\*

- 1) I hereby agree to the processing by Bank Handlowy w Warszawie S.A. with its registered office in Warsaw at ul. Senatorska 16 ("Bank") of my personal data contained in the letter of  and the appendices thereto, including, in particular, the special category data, for the purpose of, and to the extent necessary for, reviewing my application. I represent that I have been informed about the possibility of withdrawing my consent. Furthermore, I represent that this consent is granted on a voluntary basis.
- 2) I represent that all information provided herein reflects true facts, under pain of penal liability under Article 297 Paragraph 1 and 2 of the Criminal Code Act of 6 June 1997 (Journal of Laws of 1997, No. 88, item 553, as amended).
- 3) I agree that my submission of the application to restructure my borrowing/change the terms of borrowing repayment will not suspend any pending debt collection activities or interest accrual or release me from the obligation to repay the debt.
- 4) I represent that my personal data as well as telephone and address details contained in the Bank's database are up-to-date. In the case of any obsolete information I hereby undertake to revise it immediately through Citibank Online electronic banking service or by contacting a Branch of Bank Citi Handlowy in person or sending a letter to the Bank's address:

Retail Card Settlements Team  
Bank Handlowy w Warszawie S.A.  
ul. Pstrowskiego 16  
10-602 Olsztyn.

Yours sincerely,

.....  
Client's signature consistent with the specimen  
included in the Bank's files

\* *Dear Client, if your product is insured, you should first verify whether your insurance policy covers the event described herein. If so, please contact our CitiPhone Advisor at +22 692 2484.*

\*\* *In the event that documentation of medical condition is provided, please deliver a written consent to the processing of special category data - statement in item 7, sub-item 1.*

\*\*\* *Dear Client, the ultimate type of the processed change will be presented by the bank after analyzing the situation for the given product and/or the financial and business situation of the Client.*

\*\*\*\* *Statement in sub-item 1 is obligatory only in the event that special category data is provided to the Bank, e.g. medical documentation.*

*The statements in items 2-4 are obligatory for the further processing of this Application.*