



**Application for Financial Restructuring
(Relaxation)
at PT ORIX Indonesia Finance**

Lessee Name	:	
Contract Number	:	
Reasons for Proposed Restructuring	:	
Proposed by		
Name	:	
Title	:	
Phone Number	:	(Home / Office)
Mobile Phone Number	:	
Email Address	:	
Date and Signature	:	()

Note:

(Approval for restructuring (relaxation) request will be under full authority of PT ORIX Indonesia Finance which will be taken based on terms and conditions applied*

(As long as there is no approval from PT ORIX Indonesia Finance, all existing terms and conditions in the lease agreement will remain continuously valid and binding*