

(Circular No. 4 of 2020 on Relief Measures to Assist Covid-19 Affected Businesses and Individuals)

## APPLICATION FORM

### CATEGORY A

#### APPLICABLE TO LEASING CUSTOMERS

1. Customer Name :

.....

.....

.....

2. Branch : .....

3. National ID Number : 

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4. Contact No : .....

5. Lease A/C No : .....

6. Lease Amount : Rs. ....

7. Vehicle Details :

Three-Wheeler		School Van	
Lorry		Small goods transport vehicle	
Bus			
Other (please specify) :			

8. Business Details :

I. Business Name

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.....

II. Business category

Sole Proprietorship		Partnership		Company	
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III. Place of Business :

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.....

IV. Business Registration No (if available) :

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V. Names of Shareholders ( if available only) :

.....  
.....  
.....  
.....

VI. Names of Directors (if available only :

.....  
.....  
.....  
.....

I do hereby certify that the aforesaid details are true and accurate to the best of my knowledge.

Customer Signature : .....

Name : .....

Date : .....

Customer Signature : .....

Name : .....

Date : .....

Customer Signature : .....

Name : .....

Date : .....

.....  
*(TO BE FILLED BY THE BRANCH)*

Leasing A/C No : .....  
Granted Amount : .....  
Lease Outstanding Balance : .....  
Granted Date : .....  
Original Tenor : .....  
Balance Remaining Tenor : .....  
Repayment Status : .....  
Security : .....

**CONFIRMATION AS TO ACCURACY OF DETAILS**

I do hereby confirm that the above details have been verified by me and are true and accurate

SIGNATURE : .....  
NAME : .....  
DESIGNATION : .....  
BRANCH NAME : .....  
DATE : .....