

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

APPLICATION FORM

CATEGORY D

Applicable to affected SMEs , tourism, apparel, plantation, IT and related logistic service providers

1. Customer Name :

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2. Branch :

3. National ID Number :

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|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. Contact No :

5. Loan A/C No :

6. Loan Amount :

Rs.

7. Business Details :

I. Business Name

.....
.....

II. Business category :

| | | | | | |
|---------------------|--|-------------|--|---------|--|
| Sole Proprietorship | | Partnership | | Company | |
|---------------------|--|-------------|--|---------|--|

III. Place of Business :

.....
.....

IV. Business Registration No (if available)

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V. Business Segment

| | | | | | |
|------------------------|--|---------|--|--------------------------------------|--|
| SME | | Tourism | | Apparel | |
| Plantation | | IT | | Related logistic Service Provider | |
| Other (Please specify) | | | | | |

I. Names of Shareholders (if available only) :

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II. Names of Directors (if available only :

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.....

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)

Loan A/C No :

Granted Amount :

Loan Outstanding Balance :

Granted Date :

Original Tenor :

Balance Remaining Tenor :

Repayment Status :

Business Segment :

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 :