

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

APPLICATION FORM

APPLICABLE ONLY WHEN THE CUSTOMER AND BRANCH IS NOT SURE AS TO THE CATEGORY APPLICABLE

1. Customer Name :

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2. Branch :

3. National ID Number :

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4. Contact No :

5. Loan/Lease A/C No :

6. Loan/Lease Amount : Rs.

7. Nature of Facility :

Personal Loan		Lease	
Revolving Facility		Working Capital	
Other (please specify)			

8. Nature of Employment :

Public		Private		Self employed	
Other (please specify)					

9. Place of Employment :

10. Designation :

11. Employment Status :

Manager		Executive	
Non Executive		Assistant	
Laborer			

12. Business Details :

I. Business Name :

II. Business category :

Sole Proprietorship		Partnership		Company	
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III. Place of Business :

IV. Business Registration No (if available) :

V. Business Segment

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

VI. Names of Shareholders (if available only) :

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VII. 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 :

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(TO BE FILLED BY THE BRANCH)

Loan/Lease A/C No :
Granted Amount :
Loan/Lease 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 :