



**B Employees Information**

16. How many employees does your Organisation have? \*

Number of Seychellois employees

Number of Non-Seychellois employees

Number of Casual Employees

Total number of employees

**C Financial Assistance Details**

17. Total 2019 Turnover (SCR) \*

18. Total Payroll for April 2020 (SCR) \*

19. Assistance requested for which month (MM-YYYY) \*

20. Sum of salary assistance being requested (SCR)\*

**D Bank Details for Payment of Support**

21. Bank Name\*

22. Bank Address \*

23. Account Name \*

24. Bank Account Number \*

**E Supporting Documents**

Please tick documents which have been submitted with the application \*

 Profit and loss statement for 2019 (only for entities with turnover above SR 25 million) \* Payrolls for February, March and April 2020 \* Electronic copy of April Payroll has been emailed to fa4jr@finance.gov.sc. (Templates are available at [https://www.src.gov.sc/resources/Forms/2018/PayrollElectronicJune2018\\_10Employees.zip](https://www.src.gov.sc/resources/Forms/2018/PayrollElectronicJune2018_10Employees.zip) for up to 10 employees, and <https://www.src.gov.sc/resources/Forms/2018/PayrollElectronicJune2018.zip> for more than 10 employees) \* Copy of bank statements for all local business accounts for the period January - March 2020 \* Copy of bank statements for all international business bank accounts for the period January-March 2020 (if applicable) List of all contracts with the Government of Seychelles Cashflow statement for the period January - June (2020 (as per Annex A) \* Most Recently Filed Business Tax Return/Presumptive Tax Return Statement \* Details of existing contracts with domestic third parties, if applicable (Annex B)**F Declaration \***

(Please tick)

I declare that the particulars shown herein and evidence provided supplementary hereto, are true and correct in every particular.

I am aware that any misleading statement or misrepresentation made may result in penalties including liability for full return of all payroll assistance provided.

I am aware that the information provided within this application form and any documents and information supplementary thereto may be utilized by the Seychelles Revenue Commission and the Ministry responsible for Finance as is necessary for their assessment and follow up analytics.

I hereby authorize the Ministry responsible for Finance to request information from third parties as they may deem necessary for their assessment of the request for payroll assistance being provided hereunder.

I am aware that subject to approval of payroll assistance hereunder, the business name hereunder will be published as having been approved for such payroll assistance via such media as the Ministry responsible for Finance deems appropriate.

I, ....., declare that I am duly authorized to make this declaration. (Kindly insert your name in the space provided)

Signature: .....

Date: .....

For any assistance, kindly contact: tel 2828262 or email: fa4jr@finance.gov.sc