MINISTRY OF FINANCE, TRADE, INVESTMENT AND ECONOMIC PLANNING FINANCIAL ASSISTANCE FOR JOB RETENTION



APPLICATION FORM 1

APPLICATION FORM FOR FINANCIAL ASSISTANCE OF PAYROLLS

This application form is for completion ONLY by business owners who employ one or more employees and submit a monthly payroll to SRC

Note to Applicants: All sections which have an asterix (*) are compulsory. Other sections are to be filled in based on its applicability to your business Please fill in using block letters A Business Information 1. Type of Business (Please tick as appropriate) * Company Sole trader **Partnership** Trust **Cottage Industry** NGO/Association Others 2. Taxpayer Identification Number (TIN) * 3. Business Registration Number (BRN) * 4. Employer Identification Number (Seychelles Pension Fund) * 5. Other Registration Number (Specify) 6. License Number 7. Name of Business * 8. Full name of Authorised person * 9. National Identity Number (NIN) of Authorized Person * 10. Postal Address for service of notices * 11. Address where business is conducted* 12. Full Details of Nature of Business as per TIN * (E.g. the kind of manufacturer, retailer, hotel, etc) 13. Business Telephone Number* 14. Authorized Person's Mobile number* 15. E-Mail Address*

B Employees Information		
16. How many employees does your Organisation have? *		
Number of Seychellois employees	Number of Non-Seychellois employees	
Number of Seychenois employees	Number of Non-Seychenois employees	
Number of Casual Employees	Total number of employees	
C Financial Assistance Details	71	
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 *		
22. Dalik 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 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	·	
	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	ner Anney 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.		
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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		