## MINISTRY OF FINANCE, TRADE, INVESTMENT AND ECONOMIC PLANNING



## FINANCIAL ASSISTANCE FOR JOB RETENTION

## **APPLICATION FORM 2**

## APPLICATION FORM FOR THE FINANCIAL ASSISTANCE OF SELF-EMPLOYED

This application form is for completion by self-employed individuals who are NOT on a payroll. You must be registered with SRC and/or appropriately licensed in order to apply.

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	Note to Applicants:													
	All sections which have an asterix (*) are to be filled in compulsorily. Other sections are to be filled in based on its													
	applicability to your Busin													
_	Please fill in using block l													$\dashv$
	Business Information													+
1. 1	ype of Business (Please ti	ick as app	ropriate) * ¬											
	Cottage Industry		Individual Employer	_	7									
	Sole trader		Partnership		Oth	ers	Spe	cify		 •••••	 	•••••	•••••	
2. Taxpayer Identification Number (TIN) *														
3. Business Registration Number (BRN)														
4. National Identity Number (NIN) of Owner *														]
5. Other Registration Number (Specify)														1
		•••••												
6. L	icense Number													
7. Name of Business *														
8. Full name of Owner *														
9. Postal Address for service of notices *														
				_										
10. Address where business is conducted*														
11. Full Details of Nature of Business as per TIN														
and/or Licence * (E.g. the kind of manufacturer, retailer,														
and of Licence (E.g. the kind of Manufacturer, retailer,														$\dashv$
hot	el, etc)			4										$\downarrow$
12. Business Telephone Number*														
13.	Owner's Mobile number	*												
14	F-Mail Address*													

В	Employees Information					
15	Do you employ any staff? *  Yes No (if no, please proceed to Section C	Financial Details)				
16	How many staff do you employ?					
-0	Number of Seychellois employees	Number of Non-Seychellois employees				
	Number of casual employees	Total Number of employees				
17	7 Have you requested assistance through Government's Salary A	Assistance for the salaries of your staff?				
	Yes	No				
С	Financial Details					
18	Average Monthly Income from Business (in SCR)*					
19	Do you receive any other income? (Eg. Directors fees, Dividend	ds) *				
	If yes, kindly specify all such income including amount:					
D	Financial Assistance Details					
20.	. Assistance requested for which month (MM-YYYY) *	M M Y Y Y Y				
21.	. Sum of assistance being requested (in SCR)*					
22.	. Justification for applying for requesting financial assistance*					
	-					
	L					
E	Bank Details for Payment of Support					
23.	. Bank Name *					
24.	. Bank Address *					
25.	. Account Name *					
26.	. Bank Account Number *					
F	Declaration *					
	Please review the following and tick if you can confirm					
	I am not on the payroll of any other business					
	I am not receiving any income other than as disclosed herein					
	I confirm my business has been significantly impacted by Covid-19					
	I confirm I have experienced a greater than 25% reduction in turnover					
	You are required to provide satisfactory evidence of these items, and In the event of eligibility but the inability to appropriately prove exte 5,804.00					
	If you are a partnership (registered as such on your BRN and with SRC) please complete Annex C - Patnership Information with full details of all partners, and provide satisfactory evidence of the prior income of each of the partners in addition to the above.					

	Tick which of the following documents you are attaching as evidence								
	Incomes and expenditures forecast for April 2020								
	Copy of bank statements for all local accounts for the period January - March 2020								
	Copy of bank statements for all international accounts for the period January-March 2020 (if applicable)								
	Copy of National Identity Card								
	List of all contracts with the Government of Seychelles								
	Cashflow statement for the period January - June 2020 (as per Annex A)								
	Most recently completed Business Tax Return/Presumptive Tax Return Statement								
	Details of existing contracts with domestic third parties (Annex B)								
	Partnership Information (Annex C) (relevant only for partnerships registered as such on their BRN and with SRC)								
	Others (please specify):								
	Others (pieuse speerry).								
Plea	se review the following and tick to confirm								
	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.									
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l,	, declare that I am duly authorized to make this								
declaration. (Kindly insert your name in the space provided)									
Signatu	e: Date:								
For anv	assistance, kindly contact: tel 2828262 or email: fa4jr@finance.gov.sc								
-	, ,								