

**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.

Note to Applicants:

All sections which have an asterisk (*) are to be filled in compulsorily. 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) *

- Cottage Industry Individual Employer
 Sole trader Partnership Others Specify.....

2. Taxpayer Identification Number (TIN) *

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3. Business Registration Number (BRN)

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4. National Identity Number (NIN) of Owner *

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5. Other Registration Number (Specify)

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6. License Number

7. Name of Business *

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8. Full name of Owner *

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9. Postal Address for service of notices *

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10. Address where business is conducted*

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11. Full Details of Nature of Business as per TIN and/or Licence * (E.g. the kind of manufacturer, retailer, hotel, etc)

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12. Business Telephone Number*

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13. Owner's Mobile number*

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14. E-Mail Address*

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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):

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Please 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.

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