

COVID-19 RECOVERY SCHEME

Application Form

For Bank use only

Customer No:

Loan Reference No:

Completed application form has to be submitted together with the documents as per check list via email to recovery@bml.com.mv

IMPORTANT INFORMATION

If not an existing customer of Bank of Maldives, the applicant will be required to open an account at Bank of Maldives.

SECTION 1 - YOUR DETAILS (BUSINESS & INSTITUTIONS ONLY)

| | | | | |
|--|---|---|--|--------------------|
| Business Name | | <input type="text"/> | | |
| Registration No. | <input type="text"/> | Registration Date | <input type="text"/> | |
| Type of Business | <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Sole Proprietor | | <input type="checkbox"/> Partnership <input type="checkbox"/> Others, please specify | |
| Registered Address | | | | |
| House / Building Name | <input type="text"/> | Street Name | <input type="text"/> | |
| Flat No. / Floor | <input type="text"/> | District, Atoll, Island | <input type="text"/> | |
| Post Code | <input type="text"/> | Country | <input type="text"/> | |
| Phone No: | <input type="text"/> | Email | <input type="text"/> | |
| Fax No: | <input type="text"/> | | | |
| Details of Sole Proprietor / Partners / Shareholders | | ID Card No. | Designation | No. of shares held |
| Name | | | | % of Shares held |
| | | | | |
| | | | | |
| | | | | |
| Primary Business Sector (Please tick one) | | | | |
| <input type="checkbox"/> Tourism Sector | <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Education | | |
| <input type="checkbox"/> Wholesale & retail trade; repair of motor vehicles & motor cycles | <input type="checkbox"/> Professional, scientific & technical activities | <input type="checkbox"/> Arts, entertainment & recreation | | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Administrative & support service activities | <input type="checkbox"/> Mining & Quarrying | | |
| <input type="checkbox"/> Transportation & Storage | <input type="checkbox"/> Electricity, Gas, steam & Air Conditioning supply | <input type="checkbox"/> Others (Please Specify) | | |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Human health & social work activities | | | |
| <input type="checkbox"/> Accommodation & food service | <input type="checkbox"/> Water supply, sewerage, Waste Management & remediation activities | | | |
| <input type="checkbox"/> Other service activities | <input type="checkbox"/> Financial & Insurance activities | | | |
| <input type="checkbox"/> Information & Communication | <input type="checkbox"/> Real estate activities | | | |
| Total number of employees | <input type="text"/> | Number of local employees | <input type="text"/> | |

SIGNATURE:

SECTION 2 - PURPOSE OF LOAN

Working capital to cover overheads due to Covid-19 pandemic

SECTION 3 - FACILITY REQUIREMENT

Loan Amount

Tenure

Years

Months

Account to which funds to be deposited & repayment deducted

MVR

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Preferred Branch / Business Centre

USD

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 7 | 7 | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

*(as you may be required to visit the Bank)

DECLARATION

By submitting:

I/we hereby apply for COVID-19 Recovery Scheme and by confirming below, I/we agree, represent and warrant that:

- All information provided in/with this application is true and correct and I/we authorize BML to verify this information (this includes contacting employer, accountant, other banks and/or MMA Credit Information Bureau).
- I/We understand that the processing of this application will take a reasonable period of time, and is subject to the lending criteria and standard of approval process of the Bank.
- I/We shall not make any attempt to influence the decision of the Bank by canvassing any member of the Management or any approval.
- I/We acknowledge that the Bank may continuously rely on the information contained in the application, and I/we are obligated to amend and provide current updated information to Bank promptly if any of the material facts that I /we have represented herein should change prior to the loan being fully repaid and loan account closed.
- I/We are adversely impacted by COVID-19 pandemic.
- I/We will not lay-off any local employee except in the case of violation of employment contract or law, and will not force employees to take no-pay leave.
- I/We hereby authorize Bank of Maldives to obtain MIRA records for the purpose of evaluating this application.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date

For Businesses & Institutions

Name of Signatory

Designation

Signature

Company Seal

LIST OF DOCUMENTS TO BE PROVIDED WITH APPLICATION

| Applying as | Document Name | Tick if Submitted |
|-----------------|--|--------------------------|
| | SECTION A - IDENTIFICATION & BUSINESS INCORPORATION | |
| Sole Proprietor | ID Copy of Proprietor | <input type="checkbox"/> |
| | Registration Certificate | <input type="checkbox"/> |
| Company | Registration Certificate | <input type="checkbox"/> |
| | Profile Sheet issued by Ministry of Economic Development | <input type="checkbox"/> |
| | Resolution of the Board of Directors - This should be in line with "FORMAT" provided by the Bank indicating, Type of Facility, Amount of facility & Authorized signatory for all documentation | <input type="checkbox"/> |
| Partnership | Registration Certificate | <input type="checkbox"/> |
| | Profile Sheet issued by Ministry of Economic Development | <input type="checkbox"/> |
| | Resolution - This should be in line with "FORMAT" provided by the Bank indicating, Type of Facility, Amount of facility & Authorized signatory for all documentation | <input type="checkbox"/> |
| | SECTION B | |
| Other Documents | Completed Application Form | <input type="checkbox"/> |
| | Summary of impact to the business from COVID-19 pandemic | <input type="checkbox"/> |
| | Financial Accounts for the year 2019 (Audited or Management Accounts) | <input type="checkbox"/> |
| | MIRA GST/TGST Returns for 2019 | <input type="checkbox"/> |

