

# Budget Insurance Business Relief Fund Application Form



Founder Name and Surname:			
Business Founder ID number			
Contact Telephone Number:			
Insurance Policy Number:			
Business Name:			
Business Address:			
Business Registration Number:			
Business VAT registration number:			
Annual Turn over as at May 2020: *Please attach proof of annual turnover when submitting your application form			
Number of Years Operational			
What type of business do you have?			
What is your number of employees?	Permanent <input type="checkbox"/>	Non Permanent <input type="checkbox"/>	
Did you apply for any other relief funding due to the impact of COVID 19 / UIF?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please give full details and status of the application			
At what level was your business operational during COVID 19 lockdown?	Non Operational <input type="checkbox"/>	Partly Operational <input type="checkbox"/>	Fully operational <input type="checkbox"/>
Please provide detail:			
What was the impact on your business due to COVID 19 relating to:			
1. Cost			
2. Revenue			
3. Salary Bil			
4. Profit			
Was your business at risk prior to COVID 19?			
How much is your business at risk now, post COVID 19?			
How will you allocate the funding amount towards:			
1. Salaries			
2. Running Cost (rent etc.)			
3. Other expenses (please specify)			