**STATE MORTGAGE AND INVESTMENT BANK**

**APPLICATION OF DEBT MORATORIUM REQUEST (Relief to COVID-19 affected borrowers)**

**SMIB Bank** invites all borrowers who are entitled for relief as per the CBSL direction. The request should be submitted to your nearest branch of SMIB on or before 30/11/2020.

1. **Personal Details**

a. Name with initials : ………………………………………………………………………………………………….

b. NIC Number : ………………………………………………………………………………………………….

c. Address : ………………………………………………………………………………………………….

d. Contact Details : Tel - ………………………………………………………….

E Mail - ………………………………………………………….

1. **Loan Details (Please Tick)**

a. Loan Reference Number/s: ………………………………………………………………………………………………..

b. Loan amount obtained : ………………………………………………………………………………………………..

c. Type of Loan : Mortgage Loan

Personal Loan

Saubagya COVID-19

Renaissance facility

1. **Details of Business ( Please Tick)**
   1. Adversely affected by work disruption and overseas lockdowns resulting from COVID – 19.
      1. Tourism
      2. direct and indirect export-related businesses (logistic suppliers)

|  |  |  |  |
| --- | --- | --- | --- |
| Apparel |  | Logistic Suppliers |  |
| IT |  | Event Management |  |
| Tea / Spices |  | Any other Sector |  |
| Plantation |  |  |  |

* 1. Small and Medium Enterprises (SMEs) engaged in business sectors (Turnover below Rs. 1 bn p.a)

|  |  |
| --- | --- |
| 1. Manufacturing |  |
| 1. Non -Financial Services |  |
| 1. Agriculture (including processing) |  |
| 1. Construction |  |
| 1. Value addition and Trading businesses |  |
| 1. Authorized domestic pharmaceutical suppliers |  |

c. Self-employment business /Individuals

d. Foreign currency earners (Business /Individuals)

1. Reason for Request

|  |  |
| --- | --- |
| 1. Loss of Employment |  |
| 1. Decrease of Partial Employment Income |  |
| (Salary Cut / Incentive or other Fixed Income) |  |
| 1. Loss of Business Income (Self Employment) |  |
| 1. Others (Please Specify) |  |
| ………………………………………………………………………………………..  ……………………………………………………………………………………….. |

1. No: of Moratorium months Required

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **01**  **Month** |  |  | **02**  **Months** |  |  | **03**  **Months** |  |  | **04**  **Months** |  |  | **05**  **Months** |  |  | **06**  **Months** |  |

6. Please accommodate the above concession into a term loan as per the CBSL circular No: 10 of 2020

Dated 09/11/2020. No of Months

Term loan period - 24 Months Term Loan period less /more than 24 months (Please specify)

…………………………………………. ……………………………………

Signature of the Borrower/s Date

Note: Please submit true and correct information with regard to your facility obtained. If you submitted false information concession should not be allowed)

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Status of facility/ies as at 01/10/2020: Performing

Non-Performing

Granted Moratorium period (Months)

Term Loan period (Months)

Recommended / Not recommended the concession granted to the above mentioned borrower/s

…………………………………………….

Signature of Branch Manager

Date: