**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: