

## **COVID-19 RELIEVE SCHEME**

|    | ess Name:<br>stration No.                                       |        |
|----|---|--------|
| 1. | Was your company affected by Covid-19 lockdown?                 | YES/NO |
| 2. | Did you apply for relief fund?                                  | YES/NO |
| 3. | How many employees did you have before lockdown                 | ?      |
| 4. | Are you compliant, if not how can we assist you to be compliant |        |
|    |   |        |
| 5. | Did you lose business as a results of Covid-19 Lockdown?        | YES/NO |
| 6. | In which sector are you?  |        |
| 7. | What prevented you not to apply for relief fund?                |        |
|    |   |        |

Regards

NAME

SIGNATURE

DATE



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