

COVID-19 RELIEVE SCHEME

	ess Name: 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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