

CESS – I

BANK OF INDIA
APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER
COVID – 19 EMERGENCY SUPPORT SYSTEM SCHEME 2020 (CESS-2020)
LIMIT ABOVE Rs. 5.00 CRORES

Rs. in crores

1.	NAME OF THE ENTERPRISE	
	PAN Number	
	CIN Number	

2.	REGD. OFFICE	
	ADDRESS	

3.	ADDRESS OF THE FACTORY /SHOP	

4.	TELEPHONE NOS. (OFFICE)	
	Mobile No.	
	EMAIL ADDRESS	

5.	CONSTITUTION	Proprietary/Partnership Firm/Pvt. Ltd. /Ltd. Company/ Co-op. Society etc
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6.	DATE OF ESTABLISHMENT	
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7.	NAME OF PROPRIETOR/PARTNERS/DIRECTORS OF COMPANY AND THEIR ADDRESS				
	NAME	AGE	ACADEMIC QUALIFICATION	RESIDENTIAL ADDRESS	CONTACT NO. (Res)

8.	ACTIVITY	
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9. NAMES OF ASSOCIATE CONCERNS AND NATURE OF ASSOCIATION:

Name of the Associate concern	Addresses of the Associate Concern	Presently Banking with	Nature of Association	Extent of Interest as a Prop./Partner Director/or Just investor in Associate concern

10(a)	Credit Facilities (Existing with our bank)		Rs. in crores
	Type of facilities	Limits	Outstanding . as on
10(b)	Borrowings with other banks :		
	We confirm that our unit has not availed any loan from any other Bank/Financial Institution in the past and are not indebted to any other Bank/Financial Institution other than those mentioned in 10(b) above.		

11	Existing Working Capital Limits (WCL FB and NBF –LC /BG (for raw material) with our bank Rs. ----- crores
12	Proposed Demand Loan requested : Rs. ----- crores @ --- % of the existing WCL Repayment terms:

13.	PAST PERFORMANCE/FUTURE ESTIMATES <i>(future quarterly cash flows in detail for the repayment period - to be attached alongwith application in case available)</i>				
	Select parameters are as under:				
		Past Year II (Actual) FY 18-19	Past Year I (Actual/Prov) FY 19-20	Present Year (Estimates) 20- 21	Present Year (Estimates) Q1 (20-21) 20- 21
	Net Sales				
	Net Profit				
	Capital (Net Worth in case of companies)				

14	Business Model, impact on business/financials on account of N.COVID- 19 and the reasons for considering the request
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SIGNATRUE OF THE PROPRIETOR/FIRM/COMPANY

I/We certify that all information furnished by me/us is true. My Business has been impacted due to advent of COVID 19 and I/firm/company is facing liquidity crunch on account of COVID- 19

Date :

Place :

Documents to be attached alongwith Application:

1. Stock /Book debt statement (alongwith age of book debts) of previous month
2. QIS/MSOD/Latest GST Returns/Orders in hand
3. Sales monthwise since April 2019 to 31.03.2020 supported by GST returns and monthwise estimated sales for current quarter (FY 2019-20)