



# Covid-19: Business Grant Scheme Application Form

## 1. Applicant's Details

Applicant(s) Name	
Trading as (if applicable)	
Business Address	
Telephone Number	
Mobile Number	
E-mail Address	
Home Address (if different from above)	
Telephone Number	
Mobile Number	
E-mail Address	
Company Number (if applicable)	
Charity Number (if applicable)	
Registered Office Address (if applicable and different from above)	
Tax Identification/Reference Number	
Principal Bank Account with Standard Chartered Bank, Stanley: - account name - account number	

(Please continue on a separate page if necessary)

## 2. Business Type

Please indicate type of business below

Sole trader/owner-manager	
Company or other corporate body	<i>If so, please list below the names and addresses of the current directors</i>
Charity or other trust	<i>If so, please list below the names and addresses of the current trustees or other officers</i>
Partnership (including limited partnership or limited liability partnership)	<i>If so, please confirm type of partnership and list below the names and addresses of the current partners (including any general partner or members of an LLP)</i>
Other unincorporated body	<i>If so, please confirm the type of body and list below the names and addresses of the current members of the management committee or other ruling body, or other officers</i>

(Please continue on a separate page if necessary)

### 3. Business Details

Commencement Date of Business	
Type of Business <i>Please give a brief description of the Business and confirm whether it is a Qualifying Business and if so, on what basis, whether it is a registered tourist business or whether it is a wool producer</i>	
Current Annual Turnover <i>(according to your most recent accounts)</i>	
Current Revenue <i>(during the final full month of business operations immediately preceding the date of this application)</i>	
Average Monthly Revenue <i>(over the previous two financial years or the period since the commencement of the business, if less)</i>	
Current Eligible Expenditure <i>(during the final full month of business operations immediately preceding the date of this application)</i> <i>Please distinguish and keep separate any Eligible Expenditure incurred in a wool production business from Eligible Expenditure incurred in connection with any other business or activity)</i>	
Average Monthly Eligible Expenditure <i>(over the previous two financial years or the period since the commencement of the business, if less. Please distinguish and keep separate any Eligible Expenditure incurred in a wool production business from Eligible Expenditure incurred in connection with any other business or activity)</i>	

**For seasonal businesses:**

<ul style="list-style-type: none"> <li>- Revenue in the same month of the previous year or average monthly Revenue for previous financial year (if higher)</li> <li>- Eligible expenditure in the same month of previous year</li> </ul>	
Are you able to continue to trade as a going concern for the current financial year and thereafter?	
Has your business habitually incurred a loss or deficit in the period in each of the two previous years corresponding to the Scheme Term (or any lesser period since the start of business) (as evidenced in your financial statements for those periods)? If so, please quantify the average amount of such loss or deficit and provide evidence.	
Have you applied in any capacity under any of the following FIG Schemes? <ul style="list-style-type: none"> <li>- Job Retention (Furlough) Scheme</li> <li>- Income Supplement Scheme</li> <li>- Wool Producers Assistance Scheme</li> <li>- Any other FIG scheme offering support related to Covid-19 effects? If so, please specify</li> </ul>	

(Please continue on a separate page if necessary)

#### 4. Claim Details

What sort of Grant Payment are you applying for: Small Business Grant?  HHSW Grant?	
Amount of Grant Payment claimed	£
Are you claiming a Grant Payment for Eligible Expenditure for the whole Scheme Term or for one or more months/30-day periods within that Scheme Term (in which case, please specify)?	
If claiming for a period other than the Scheme Term, will you be making further claims during the Scheme Term?	
Would you prefer a Grant Payment in lump sum or instalments? If instalments, monthly or otherwise (in which case, please specify)?	

\* Delete as appropriate

(Please continue on a separate page if necessary)

#### 5. Accompanying Documents

**Please include the following documents with your application:-**

Financial statements for the previous two financial years or the period since the commencement of your business (if less) (or other available financial information in relation to turnover, Revenue and Eligible Expenditure, subject to the Scheme Administrator's right to request further information).  NB: Seasonal businesses should provide details of Revenue in the same month of the previous year or average monthly Revenue for previous financial year, and of Eligible Expenditure in the same month of the previous year.	
Copies (certified if required) of Receipts, paid invoices or other evidence of payment of Eligible Expenditure incurred in the final full month(s) of business operations immediately preceding the date of application in respect of which application is made	

#### 6. Declaration

In consideration of the award to me/the applicant\* of Grant Payments, I, the undersigned (as applicant/for and on behalf of the applicant\* referred to in this application form), hereby certify, accept and undertake (as applicant/having been duly authorised by the applicant to do so on its behalf\*) that:-

(\*please delete as appropriate.

Please note: If purporting to give this undertaking on behalf of the applicant named above without being duly authorised to do so, the undersigned may be personally liable for any breach of this declaration.)

- To the best of my/the applicant's\* knowledge and belief (having made all reasonable enquiries), all information contained in this application and in the accompanying documents, or otherwise provided in connection with the Scheme, is true, accurate, up-to-date and complete; and I am/the applicant is\* not aware of any matter in my/its\* own affairs which I have/it has\* not disclosed to the Scheme Administrator which might reasonably have influenced its decision whether to provide a Grant Payment.
- I am/the applicant is\* eligible to claim a Small Business Grant/HHSW Grant\* under the Scheme, as referred to in this application.
- I/the applicant\* shall comply with the Conditions as detailed in the Scheme Guidance.
- As at the date of this application and on account of the adverse economic effects of the Virus, I have/the applicant has\* experienced a significant reduction in my/its\* Revenue **OR**\* I am looking to rely on paragraph 2.5(a)(cc) of the Conditions.
- I have/the applicant has\* been engaged in the same business/Qualifying Business\* for not less than three months continuously prior to the date of this application or, in the case of a seasonal business, in at least the same three-month period during the 2019 tax year.
- I am/the applicant is\* engaged in the same business/Qualifying Business\* for at least seven hours per week.
- I/the applicant\* will use any Grant Payment awarded to me/it\* under the Scheme only to discharge Eligible Expenditure (as described in the Conditions) and for no other purpose.
- I/the applicant\* intend(s) to continue to trade (unless prevented from doing so by ill-health) throughout the Scheme Term and thereafter at least until the end of the 2022 tax year.
- I have/the applicant (being an individual or if a partnership or other unincorporated association, each of its partners or members) has\* the right to live and work in the Falkland Islands, hold(s) a current, valid entitlement, permit or consent for such purpose, and am/is\* resident in the Falkland Islands throughout the Scheme Term.
- if it is a company or other body corporate or charity, the applicant is duly incorporated or established and registered under the laws of the Falkland Islands or entitled to conduct business/Qualifying Business\* in the Falkland Islands, and conducts in the Falkland Islands all or a substantial part of the business in respect of which it is claiming under the Scheme;
- Notwithstanding the provisions of the Taxes Ordinance 1997 (as amended) or any other relevant legal, regulatory or other requirements or policies, I/the applicant\* hereby consent(s) to the disclosure of my /its\* tax and other records as maintained by the Tax Office or other departments within FIG or by FIDC as necessary for the Scheme Administrator to verify my/its\* status, application and claims under the Scheme.
- Any Grant Payments I/the applicant\* receive(s) under the Scheme will be taxable income and will be subject to income or other tax in accordance with the terms of the Taxes Ordinance (as amended) and any other relevant tax legislation, and to any other deductions in the normal way, depending on my/its\* individual circumstances.
- Any breach by me/the applicant\* of the requirements of the Scheme or any of the above undertakings, or the provision by me/it\* of any false or misleading information in, or in connection with, this application will entitle the Scheme Administrator to reclaim, recover and/or withhold any Grant Payments awarded under the Scheme (in whole or part).

\* Delete as appropriate

Name(s): \_\_\_\_\_

\*Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\* Documents can be signed in original or electronic format as appropriate.