



COVID-19 Support Application Form

This form is applicable for all MIB customers. Please ensure that all parts are completed and a signed form together with supporting documents (where required) are sent to covidsupport@mib.com.mv

APPLICANT DETAILS

Full Name / Company Name

National ID Card Number or
Company Registration Number

Current / Last Employer (If any)

Occupation / Industry

CONTACT DETAILS

Name of contact person

Mobile Phone Number

Email Address

Designation (if any)

FACILITY DETAILS

Type of Facility

Reference Number
(optional)

REASON FOR REQUEST

Business

Loss of income or revenue due to decline in tourism

Reduction in rental income

Other
(please specify)

Loss of revenue due to slow down in overall economy

Business Distress or Closure

Personal

Loss of income due to reduction in salary / allowances.

Other
(please specify)

Loss of income due to Loss of Job / No Pay Leave / Redundancy

Please provide details

Note:

Customers who choose any of the reason mentioned above are advised to submit relevant documentary evidence issued by the employer (salary reduction, loss of employment, redundancy, leave without pay, etcetera) that supports the request for moratorium. If the documents submitted are inadequate for an assessment, the bank may request further documentation / proof prior to completion of the assessment of this application.

Customers are also requested to submit an Information Update Form together with your application form. You may download the Information form from our website. The download links are as below.

For individuals

- <http://mib.shor.tn/KYCIndividual>

For businesses

- <http://mib.shor.tn/KYCBusiness>
- <http://mib.shor.tn/KYCIndividual> (for all Directors, Authorised Signatories and Company Secretary)

Please note that businesses must also submit a recent company information profile sheet obtained from ministry of economic development.

DECLARATION

I hereby certify that the information provided in this application are up to date and accurate to the best of my knowledge and there are no material omissions or misrepresentation of facts.

Name:

Date:

Signature: