

**CONCESSION FOR COVID 19 AFFECTED BUSINESS/INDIVIDUAL
UNDER CBSL CIRCULAR NO 09 OF 2021**

- Name with Initials/Business name:
- NIC number/BR No:
- Facility No/s:
- Reason to request for the relief (*Provide proof documents*)

Reason	Mark(X)
Loss/reduction of salary/Income/Sales	
Closure of business/ Loss of employment	
Any other Please Specify	

- Declaration of forecasted income

Period	Oct/21	Nov/21	Dec/21	Jan- Mar/22	March/22 on wards
Expected Income Rs.					
Net income to service financial liabilities					
liabilities to Banks & Financial institutions					

- Expected relief

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Date

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Signature/s