## RELIEF MEASURES REQUEST FORM (COVID19 RELATED APPLICATION)

Date D D M M A	Y Y Y							
Manager Cargills Bank No 696, Galle Road Colombo-3								
Dear Sir/Madam								
REQUESTING FOR RELIEF MEASURES DUE TO COVID-19 PANDEMIC UNDER CBSL CIRCULAR NO 08 OF 2021								
As per the relief given by the g grant a concession on my prev *Please fill all the mandatory field.	ailing loan/s outstanding amo		ses and individ	uals, I/We kindly request to				
*NAME  *NIC/ BR NO.								
me, barne.			<u> </u>					
DETAILS OF FACILITIES REQUIRED CONCESSIONS  FACILITY NUMBER AMOUNT FACILITY IN ARREARS (YES/NO) IF YES, HOW MANY MO								
MODELL	AWIOGINI	TACIETT HVANIA		11 123,11044 141/441 1410141113				
		THE LOAN CONCESSI						
*REQUIRMENT	Deferment of Interest  Deferment of Total Ins		Defermen	t of Capital				
	*REASONS FOR REQU	•	SURES					
Drop in income/salary due to CO			oss of employem	ent				
Drop in cash flows/business turnover (income) due to COVID19 pandemic Other Reasons								
if other reasons, please declare t	he detail of COVID-19 impact.							
*250150752 25244547				., ., ., .,				
*REQUESTED REPAYMENT PERIOD OF THE AMOUNT DIFFERED	To be repaid as a separate loan in 6 monthly installments at the end of the differed period differed period differed period							
	To restructure the entire loan to (an officer from the bank will co accommodate your request imi	ontact you to						
I/We hereby certify that the in	formation furnished above is	true and correct.						
Yours faithfully,								
Signature		Signo	ature					
Name NIC Number		Nam NIC N	e Number					



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## OFFICE USE ONLY

FACILITIES RECOMMENDED FOR CONCESSIONS									
FACILITY TYPE	FACILITY NUMBER AMOUNT		AMOUNT	PERFORMING / NON-PERFORMING					
		EACH ITIE	C DELECTED FOR CONCESS	SIONS					
FACILITY TYPE	EACH ITV N		S REJECTED FOR CONCESS  AMOUNT		ESON FOR REJECTION				
PACIEITI TIFE	FACILITY NUMBER		AMOUNT	K	RESONTON RESECTION				
			<u> </u>						
REVISED REPAYMENT TERMS (if applicable)									
LOAN TYPE	PL HI		POD TOD	STAFF	TL RL VL				
LOAN AMOUNT	TO BE RESCHEDULE	D (CAPITAL O/S + ACC	CRUED INTEREST)						
PURPOSE									
DERT CONCESSION	ON DERIOD		INITERE	CT DATE					
DEBT CONCESSION	DEBT CONCESSION PERIOD INTEREST RATE								
INSTALLMENT A	MOUNT		NUMB	er of installme	NTS				
REMARKS									
			FINAL APPROVAL						
	AUTHORITY	APPROVED DATE	SIGNATU	JRF	NAME				
(Desig	ination)	7.1.1.10.125 57.112	0.0		.,,,,,,				
			APPROVING REMARKS						

