



APPLICATION FORM
COVID19 SUPPORT PROGRAMME - SUPPORT TO HOUSEHOLDS

A. CUSTOMER DETAILS

APPLICANT DETAILS		JOINT APPLICANT DETAILS	
Customer ID		Customer ID	
Title		Title	
Applicant Name		Joint Applicant Name	
Date of Birth		Date of Birth	
NIC		NIC	
Marital Status		Marital Status	
Monthly Basic Salary		Monthly Basic Salary	
Employment Sector		Employment Sector	
Employer Name		Employer Name	
Occupation/Job Title		Occupation/Job Title	

B. SPOUSE DETAILS

Existing SBM customer		Monthly Basic Salary	
Customer ID (if existing SBM customer)		Employment Sector	
Title		Occupation/Job Title	
Spouse Name			
NIC		Household Monthly Basic Salary	

C. IMPACT BY COVID-19

Have you, your spouse or both been adversely impacted by COVID-19?							
Please describe how have you been adversely impacted?							
Please specify which of the following loans you and your spouse have with SBM which fall under the purview of this programme?	<table border="1"><tbody><tr><td>Home Loan</td><td>Education Loan</td></tr><tr><td>Personal Loan</td><td>Eco Loan</td></tr><tr><td>Any other loan (please specify)</td><td></td></tr></tbody></table>	Home Loan	Education Loan	Personal Loan	Eco Loan	Any other loan (please specify)	
Home Loan	Education Loan						
Personal Loan	Eco Loan						
Any other loan (please specify)							

C. CONTACT DETAILS

APPLICANT DETAILS		JOINT APPLICANT DETAILS	
Residential Status		Residential Status	
Address		Address	
Residence Phone Number		Residence Phone Number	
Mobile Phone Number		Mobile Phone Number	
Email Address		Email Address	

I. DETAILS OF GUARANTOR

GUARANTOR 1		GUARANTOR 2	
Customer ID		Customer ID	
Surname & First Name		Surname & First Name	
NIC		NIC	

J. DECLARATION OF BORROWER

I/We unreservedly certify that the above information as given by me/us to SBM (Bank) Mauritius Ltd is perfectly complete, true, and correct in every			
Signature		Signature	
Date		Date	

OFFICE USE ONLY

For Branch		VERIFIED BY	Seal of Branch to be affixed
Branch Name		Staff ID	
Staff ID		Staff Name	
Staff Name		Signature of Officer	
List Supporting documents attached to this request:		Date	
Date all documents submitted		I hereby confirm that customer information is updated / has been updated on CRM and KYC documents duly verified and uploaded on Omnidocs	
Signature of Officer			
Date			
For Credit Underwriting Team			
Decision : Approved <input type="checkbox"/> Declined <input type="checkbox"/>			
Date :			