

APPLICATION FORM

Business Closure Support



**St Helena
Government**

Support for Businesses Affected by COVID-19

Any business that SHG advises to close as a result of COVID-19 will be eligible for a 1-time payment per owner or full-time employee of £162.50 per week for the duration of the advised closure. Businesses or employers that voluntarily close without an order or advice from SHG will not be eligible for this payment. Eligible businesses that choose not to close will also not receive this payment.

Applications should be sent via email to alan.bennett@sainthelena.gov.sh.

Business Name

Tax Registration No.

Nature of the Business

Owner/ Principle Director

Please state below the names and addresses of fulltime employees on whom you have based your claim for Hardship Support

Emp No.	Employee Name	Address

	<i>Please add additional lines as necessary</i>	

Business Bank Account Details

Bank Account Name

Bank Account No.

By submitting this form I declare that:

- 1. The information contained in the form is true and accurate to the best of my knowledge.*
- 2. I give consent to SHG to include the name of my business in any future publication relating to the provision of this support package.*

Optional: What impacts do you expect to your business from COVID-19?