

GOVERNMENT OF TONGA COVID-19 BUSINESS ECONOMIC EMERGENCY RELIEF FUND

ELIGIBILITY AND CHECKLIST FORM

Dear Applicant,

We invite you to please complete Section 1 to ensure your eligibility to apply for the COVID-19 Business Economic Emergency Relief Fund.

If you answered 'yes' to *ALL* parts of Section 1 please continue on to completing the application form attached and if you answered 'no' to *ANY* part, then please note that you are not eligible to apply.

Section 2 provides you with a checklist to assist in ensuring that your application is complete when you lodge it, as the assessment of your eligibility will be based on what was submitted.

Section 1 : ELIGIBILITY TO APPLY

Elig	ribility Requirements:	Yes	No
1	Your business has lost revenue in the month of January through March 2020		
2	Your business was registered before March, 2020 OR your business is an informal business		
3	Your principal place of business is in Tonga		
4	Your business is <i>not</i> a state-owned enterprise		
5	Your business was <i>not</i> operating as an essential business during the State of Emergency period		

Section 2: CHECKLIST

A d	A complete application should contain the following:		Official Use Only
1.	Application Form (COVID-19 Business Economic Emergency Relief Fund		
	Application Form) duly completed and signed		
2.	Copy of passport or national identification card		
	Provide sufficient evidence and supporting documents to demonstrate financial loss incurred due to COVID-19		
	Profit and Loss Statement for the period of January – March, 2019 (Not Applicable to informal businesses)		

APPLICATION TIMELINE

- All completed applications under the registered businesses are to be delivered to the Ministry of Trade & Economic Development (MTED) Offices in Tongatapu, Vava'u, Ha'apai and 'Eua before 4:30pm, Friday 17th April 2020.
- All completed applications under informal businesses are to be delivered before 4:30pm, Friday 24th April 2020.
- You can also send your completed application through email to poinisetiap@mted.gov.to
- Late applications will not be considered.

CONTACT INFORMATION

For any further details and enquiries please contact Ms Poinisetia Paongo at mobile: 7745408 or email poinisetiap@mted.gov.to or Ms. Fololenitina 'Asau at mobile: 7798036 or email fololenitinaa@mted.gov.to



OFFICIAL	USE	ONL	Y:
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Application No:

Date Received:

GOVERNMENT OF TONGA COVID-19 BUSINESS ECONOMIC EMERGENCY RELIEF FUND

APPLICATION FORM

PART A: BUSINESS CLASSIFICATION

	CLASSIFICATION	Tick box ☑ that applies to your business	
1	Informal (Non registered business)		If you tick No.1 please go to Part B/Section B
2	Small (Category 1 – Income under \$50,000)		If you tick No.2 please go to Part B/Section A
3	Small (Category 2 – Income \$50,000-\$100,000)		If you tick No.3 please go to Part B/Section A
4	Large (Income over \$100,000)		If you tick No.4 please go to Part B/Section A

PART B: BUSINESS PROFILE

SECTION A – REGISTERED BUSINESS

BUSINESS NAME:	BUSINESS LICENCE NO.:
	BUSINESS TIN NO:
BUSINESS CONTACT:	
Phone: Email	:
BUSINESS OWNER:	BUSINESS LOCATION IN TONGA:
	PRINCIPAL PLACE OF BUSINESS IS TONGA?
	Yes No
*Must also provide copy of national identification or passport	
ECONOMIC SECTOR:	BUSINESS ACTIVITY/ACTIVITIES (as
Primary (eg. agriculture, fisheries, farming)	identified in your business license)
Secondary (eg. manufacturing, handicrafts	
and construction)	
Tertiary (eg. tourism, professional services,	
general/other services)	

SECTION B – INFORMAL BUSINESS

BUSINESS OWNER:		
*Must also provide copy of nati	onal identification or passport	
CONTACT:		
Phone:	Email:	
LOCATION:		
BUSINESS ACTIVIT	Y:	

PART C: BUSINESS FINANCIAL LOSS INCURED DUE TO COVID-19

1. Wa	s your business affected?	Yes	No
i.	What is the affected period?		
ii. iii.	Did you have to close down your business? How many employees do you have?	Yes	No
iv.	Did you have to lay off any of your employees? If yes, state how many	Yes	No
2. Des	cribe how your business was affected.		
i.	Demonstrate the financial impact of COVID-19 on your business in the March). Attach sufficient supporting documents as evidence.	e past 3 mont	ths (Jan –
ii.	Also provide actual or predicted revenue over the period of three mont comparison to same period this year (refer Annex 1)	ths (Jan — Ma	rch 2019) in
3.State	e the total expected revenue loss to your business caused by COVID-19.		
PA	RT D: DECLARATION		
	fy that all information provided in this application form is true ar- rting documents submitted along with this application form are genuine.		and that the
	rstand and agree that any false or misleading information will justify a COVID-19 Business Economic Relief Fund	denial of my	application
Name	: Signature:		

The information provided in this application are for the purposes addressed in this document, including assessing your eligibility to receive the relief fund and to audit and review any subsidies granted. The information provided will be strictly confidential and only used for official purposes.

ANNEX 1:

PROFIT AND LOSS STATEMENT FOR JANUARY – MARCH, 2019

2019 JANUARY	FEBRUARY	MARCH
(\$)	(\$)	(\$)
-	-	-
(\$)	(\$)	(\$)
-	-	-
-	-	-
	(\$) - (\$)	