

# CORONAVIRUS RECOVERY SCHEME

## CRS1 APPLICATION FORM

Please complete ALL sections of the application form in **BLOCK CAPITALS**.

| Section 1: Company Details  |  |                        |  |                                     |  |                              |  |
|---|--|------------------------|--|-------------------------------------|--|------------------------------|--|
| Registered Company Name:  |  |                        |  |                                     |  |                              |  |
| Company Registration Number:  |  | VAT No:                |  |                                     |  |                              |  |
| Surname:  |  | First Name(s):         |  |                                     |  |                              |  |
| Address:  |  |                        |  |                                     |  |                              |  |
| Postcode:   |  | Telephone:             |  |                                     |  |                              |  |
| Email Address:  |  |                        |  |                                     |  |                              |  |
| Company Registration Number:  |  |                        |  |                                     |  |                              |  |
| Tax Reference Number:   |  |                        |  |                                     |  |                              |  |
| Registered Company Address:<br>(if different to affected business location address above) |  |                        |  |                                     |  |                              |  |
| Section 2: Please state the nature of business (Please tick as appropriate)               |  |                        |  |                                     |  |                              |  |
| Travel Agency   |  | Tour or Coach Operator |  | Car Rental Agents                   |  | Cattery/Boarding Kennels     |  |
| Airport Parking/Valeting  |  | Permanent Campsite     |  | Airport/Seaport Based Taxi Operator |  | Other (please confirm below) |  |
| Nature of business if 'Other'   |  |                        |  |                                     |  |                              |  |
| Please give a brief description of your business  |  |                        |  |                                     |  |                              |  |
|   |  |                        |  |                                     |  |                              |  |

**Section 3: Shareholders and Directors**

| Name | Date of Birth | Nationality | Country of Residence | Shareholder % | Director (please tick) |
|------|---------------|-------------|----------------------|---------------|------------------------|
|      |               |             |                      |               |                        |
|      |               |             |                      |               |                        |
|      |               |             |                      |               |                        |
|      |               |             |                      |               |                        |
|      |               |             |                      |               |                        |
|      |               |             |                      |               |                        |

**Section 4: Employees**

How many employees does the Company have?

|           |  |           |  |
|-----------|--|-----------|--|
| Full time |  | Part time |  |
|-----------|--|-----------|--|

What number of employees did the Company have before the pandemic?

|           |  |           |  |
|-----------|--|-----------|--|
| Full time |  | Part time |  |
|-----------|--|-----------|--|

Note: Full time is considered to be 30 hours or more per week.  
Part time would be deemed as anything falling below 30 hours per week.

**Section 5a: Assistance Sought - Business Adaptation**

| Expenditure                                       | Purpose | Total Cost (£) | Grant Request (£) |
|---|---------|----------------|-------------------|
| Modification to facilities                        |         |                |                   |
| Capital equipment (including commercial vehicles) |         |                |                   |
| IT software                                       |         |                |                   |
| Materials consumed                                |         |                |                   |
| Rent on additional space                          |         |                |                   |
| Stock   |         |                |                   |
| First year expenses                               |         |                |                   |
| Other   |         |                |                   |

Note: Along with this application form please attach the following:

- Short business case;
- Background to current situation;
- Details of the proposed project, including breakdown of the costs above; and
- A copy of the latest accounts and management information.

## Section 5b: Assistance Sought – Business Overheads

| Expenditure                | Description | Total Cost (£) | Grant Request (£) |
|----------------------------|-------------|----------------|-------------------|
| Salary costs               |             |                |                   |
| Rent on essential premises |             |                |                   |
| Premises operating costs   |             |                |                   |
| Audit & accountancy fees   |             |                |                   |
| IT operating costs         |             |                |                   |
| Routine bank charges       |             |                |                   |
| Leasing costs              |             |                |                   |
| Other                      |             |                |                   |

### Other

#### Important Notes:

- Wages must be excluding any assistance from the Salary Support Scheme and are capped at £280 per person per week;
- No capital or interest repayments;
- No capital expenditure of any kind;
- No expenditure to related parties.

#### Note: Along with this application form please attached the following:

- Short business summary;
- Cash flow forecasts for the January – April 2021;
- Evidence that the business has or will suffer a reduction in turnover, this can be management accounts or certified financial statements for either the period January 2021 – April 2021 or the year to date, along with comparative figures for a previous year to confirm usual turnover;
- Evidence to confirm that the reduction in turnover is due to the closure of the borders;
- A statement of any overdue debts to local suppliers;
- A copy of the latest accounts and management information.

## Section 6: Declarations

**Important Note:** Please tick ALL boxes otherwise the application form will be returned.

I/We confirm that I am/we are duly authorised to make this application and that the business is trading lawfully and is not operating in contravention of any statutory requirement relating to its trade or business. The business' conduct (to the best of my/our knowledge) is not detrimental to the environment of the Isle of Man, nor is it likely to bring the Department into disrepute.

I/We declare that the information given in this application is correct.

I/We declare that I have disclosed to the Department the beneficial owners of the company/business.

I/We confirm that no person involved in control of the company/business is disqualified for holding appointment as a director or a company secretary anywhere in the world or is the subject of outstanding executions in the Island or has criminal convictions whether imposed by a court in the Island or elsewhere for offences, which if committed in the Island are punishable with custody, regardless of the sentence actually imposed. **\*\***(In determining whether a person has criminal convictions, any conviction which is spent for the purposes of the Rehabilitation of Offenders Act 2001 (or would be had the conviction occurred in the Island) must be disregarded.) Please use the space provided on the following page for any explanation.

I/We confirm that I/We have no outstanding statutory payments, such as I.T.I.P, company Tax, National Insurance Contributions or V.A.T.

I/We confirm that the business is based in the Island (i.e. a significant number of the business' transactions are conducted from premises on the Island and that some or all of the persons employed or engaged by the business are Isle of Man staff.)

|   |                     |
|---|---------------------|
| I/We acknowledge that if this application for financial assistance is successful, the financial assistance or part of it (at the Department's discretion) may become repayable in a number of circumstances including if this Application or any supporting documentation relevant thereto is shown to have been false, misleading or inaccurate in any material respect.   |                     |
| I/We understand that any support offered by 3rd Party contractors through this Scheme does not constitute advice. I/we acknowledge it is then up to the applicant to seek independent advice and/or make its own decisions.   |                     |
| I / We acknowledge that the Department for Enterprise collects and processes your personal information to allow public authorities to respond to requests for information made under the Freedom of Information Act 2015. Should your personal information be subject to such a request, information will not be released into the public domain without your prior notification where there is a lawful reason for us to do so. The Department will where appropriate uphold all applicable exemptions in accordance with the <a href="#">Freedom of Information Act 2015</a> and the data protection legislation in the Isle of Man (as applied by the Data Protection (Application of GDPR) Order 2018, and the Data Protection (Application of LED) Order 2018, together with the GDPR and LED Implementing Regulations 2018 ("the data protection legislation"). |                     |
| I/We understand and permit that the information I/We provide will be used by the Department for Enterprise in accordance with the Data Protection Legislation for the purposes of administration, research, analysis and to inform me/us of relevant marketing information. To view a copy of the Department's Privacy Notice, <a href="#">click here</a> . The Department will not share my / our details with third parties without firstly seeking my/ our permission.   |                     |
| I/We understand that the Department will share the data in this form with Income Tax within the Treasury.   |                     |
| I/We confirm that the business satisfies the probity requirements set out in this declaration and has an appropriate anti-bribery policy as required by section 10 of the <a href="#">Bribery Act 2013</a> .  |                     |
| I/We confirm that the Department may contact me / us by email in relation to the application  |                     |
| Signed  | Position in Company |
| Name  | Date:               |
| <b>NOTE: If the application is on behalf of a company, please ensure that signatures for <u>ALL</u> Directors are listed below:</b>   |                     |
| Signed  | Position in Company |
| Signed  | Position in Company |
| Signed  | Position in Company |
| Signed  | Position in Company |
| <p><b>NOTE: The above Declaration must be signed by a Director or Company Secretary in the case of a Company, or by a proprietor or partner in the case of a firm. A false declaration will lead to a reclaim of all or part of the grant paid. For the purposes of the regulations mentioned in this document: "the Department" means the Department for Enterprise; and "Isle of Man Staff" means persons resident in the Island who:</b></p> <p>a) are Isle of Man workers within the meaning of the Control of Employment Act 2014;<br/> b) hold valid Isle of Man work permits under that Act; or<br/> c) are subject to conditions or restrictions on their employment in the Island by virtue of the Immigration Act 1971 (of Parliament) as that Act applies in the Island, and are employed there in conformity with those conditions or restrictions.</p>   |                     |
| If appropriate, please use this space to explain in detail where the law hasn't been complied with regarding income tax or national insurance, value added tax, health & safety, planning, employment, immigration or work permits or any unspent criminal convictions.   |                     |
|   |                     |

To the fullest extent permitted by law, neither the Department nor its 3rd party contractors accept any liability for any loss suffered by the business as a result of any action or inaction taken by the business in relation to any guidance offered.

Applicants to the Coronavirus Recovery Scheme must comply with the criteria set out in the Enterprise Act 2008 (Eligible Businesses) Regulations 2018 (as may be amended further or superseded from time to time) and any other eligibility criteria referred to in the Regulations. The regulations can be viewed at:

<http://www.tynwald.org.im/links/tls/SD/2018/2018-SD-0177.pdf>

To view a copy of the Department for Enterprise Privacy Notice, please visit:

<https://www.iomdfenterprise.im/policy/privacy-policy>

Should you have any queries surrounding this Policy, please contact:

**DEPARTMENT FOR ENTERPRISE DATA PROTECTION OFFICER:**

|         |  |       |  |
|---------|--|-------|--|
| Address | St George's Court, Upper Church<br>Street, Douglas, Isle of Man, IM1 1EX | Tel   | +44 1624 687333                                    |
|         |  | Email | <a href="mailto:DPO-DfE@gov.im">DPO-DfE@gov.im</a> |

Once completed, return to:

**Coronavirus Recovery  
Scheme  
Department for Enterprise  
1<sup>st</sup> Floor, St George's Court  
Upper Church Street  
Douglas, IM1 1EX**

**E:** [enterprisesupport@gov.im](mailto:enterprisesupport@gov.im)  
**T:** +44 1624 687333