

**Government Scheme to provide Emergency Humanitarian Support to Small Businesses
2015**

(For businesses adversely affected by flooding arising from "Storm Desmond" covering the period from 4 December 2015 to 17 December 2015.)

APPLICATION FORM

**For ONCE –OFF Ex-Gratia Contribution up to a maximum of €5,000 per
Property**

Part 1 – Business Applicant's Details:

1. Business/Trading Name: _____

2. Name of Applicant: _____

3. Business Address: _____

4. Business Premises Address (if different from above): _____

5. Are you the owner of the premises? YES/NO (Circle your answer)

6. If you have answered NO to the previous question please have the following
declaration signed by the owner:

I am the owner of the property listed at No.4 above.

I intend/do not intend to make a claim under this scheme. (Please circle your answer)

Signed: _____ Date: _____

7. Business Phone Number: _____
8. Mobile Phone Number: _____
9. What is the Nature of the business/trading: _____
10. Total Number of Employees: _____
11. Is your Business the sole occupier of the premises at 4. above ? YES/NO
12. Is the Business a Sole Trader? YES/NO
13. Is the Business a Limited Company? YES/NO
14. Other (please specify): _____
15. Please provide the following details for verification:
- A recent utility bill for the business address eg electricity, phone etc
16. Please provide your Local Authority Customer Account Number: _____
17. When did the flooding of your business premises (at 4. Above) occur? _____
- _____

Part 2 – Insurance Details:

18. Is your business premises/contents currently insured against flooding risk? YES/NO
19. If No, please explain why your current policy does not have flood risk cover included?
- _____
20. Please provide details of your current business insurance policy:
- Insurance Company Name, Address and Policy No: _____
- _____
21. Has your Business Premises been flooded previously, and if Yes please provide details:
- _____
22. Have you and/or your business applied for or received any other form of financial assistance in respect of the flood damage to your premises/contents. YES/NO

If yes Please provide details:

Part 4 – Local Authority Verification – FOR OFFICIAL USE ONLY

Name of Local Authority: _____

Name of Business: _____

Local Authority Approval: *(Please tick)*

_____ **Council Confirms that this business is subject**
to commercial rates: **YES** **NO**

_____ **Council confirms that this premises flooded**
between 4 December 2015 and 17 December 2015:

Enter the Valuation Office Property Number (if available): _____

1. **Signature:** _____

Title: _____

Date: _____

2. **Signature:** _____

Title: _____

Date: _____



Part 5 - Declaration:

(Must be signed by the applicant on behalf of the Business.)

I declare, that the information given by me in this application is correct and complete and may be retained and used by the Irish Red Cross Society for the sole purpose of determining the eligibility under this Emergency Humanitarian Support to Small Businesses 2015 Scheme. The data provided may have to be verified with the relevant third parties referenced in the application. I understand and accept that these necessary enquiries are only allowable in terms of establishing and verifying the eligibility of my business under this scheme.

I, therefore, authorise the Irish Red Cross Society and/or their Assessors to make all enquiries necessary but limited to establishing and/or verifying the eligibility status of my business for funding under this Emergency Humanitarian Support to Small Businesses 2015 Scheme.

I undertake to provide any further information sought in connection with my application.

I undertake to advise Irish Red Cross Society immediately of any changes in circumstances which may occur affecting my eligibility for funding under this Emergency Humanitarian Support Scheme 2015.

In the event that I or the business receive payments under this Emergency Humanitarian Support to Small Businesses 2015 Scheme and I or the business subsequently receive any other compensation from any other source, I agree to inform the Irish Red Cross and refund such amounts of emergency humanitarian support to the State, as may be determined refundable by the Irish Red Cross Society.

I AM AWARE OF THE CONTENT OF THIS APPLICATION AND I KNOWINGLY MAKE THIS DECLARATION

SIGNATURE OF APPLICANT _____ **DATE** _____

CAPACITY: _____ (Individual/Director/Other)

NOTE: IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.

INFORMATION MAY ONLY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.

Part 6 – Bank Transfer Payment via SEPA:

Business Bank Account Name: _____

Bank Address _____

IBAN: _____

BIC: _____

I certify that this is the bank account into which the payment should be made.

Signed: _____