

Covid 19 Repayment Scheme Application Form

Company/organisation name	
Address	
Postcode	
Company registration number	
SES BW Account number(s)	

Contact name	
Contact position	
Email address	
Phone number	

What does your business do?	
How have you been affected by Covid-19	
Has your site(s)/business been closed due to Covid-19?	
Closed and Open dates:	

Detail the financial support you have received due to Covid-19 from all sources	
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Detail the current liquidity of the applicant.	
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Value of debt	
How many months could you pay this over	

Applicant signature	
Date	
This is a true and accurate account of the business and its finances, fill in YES or NO.	

Accountants Name	
Contact name	
Email	
Phone number	
Signed for as a true and accurate account	

Send the completed form to repaymentscheme@sesbusinesswater.co.uk

