



COVID-19

5 days COVID-19 Positive Supplement (Dependant)

Annex 1 - Self-employed Application form

Applicant's Details

Applicant(s) Name	
Trading as (if applicable)	
Business address	
Telephone number	
E-mail address	
Tax Reference Number	
Business type	

Applicant's Bank Details

Principal Bank Account with Standard Chartered Bank, Stanley: <ul style="list-style-type: none">Account nameAccount number	
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Dependant information

Please provide the following details where the COVID-19 Positive supplement (dependant) is being claimed:

Dependant(s) Name	
Number of days claimed	
Dependant(s) COVID-19 sick dates	
LFT Code (not needed if PCR)	
Did the applicant work from home during the dates above?	Yes / No

Accompanying Documents

Please include the following documents with your application:-

New Creditor Form - If not already registered on FIGs Account Payable System	
Evidence of a positive LFT/PCR This may include a photo of the positive test or confirmation from KEMH. DO NOT send the tests with the application	



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In consideration of the grant of Support Payments to me/the applicant* under the Scheme, I, the undersigned (as a self-employed person/for and on behalf of the applicant referred to in this application form*) hereby certify, accept and undertake (as applicant/having been duly authorised by the applicant to do so on its behalf*) that:-

*please delete as appropriate.

Please note: If purporting to give this undertaking on behalf of the applicant named above without being duly authorised to do so, the undersigned may be personally liable for any breach of this declaration.

- To the best of *my/the applicant's** knowledge and belief (having made all reasonable enquiries), all information contained in this application and in the accompanying documents, or otherwise provided in connection with the Scheme, is true, accurate, up-to-date and complete.
- *I am/the applicant* is* eligible to claim Scheme Payments under the Scheme.
- *I/the applicant** shall comply with the Terms.
- *I/the applicant** dependant(s) tested positive for COVID-19 as evidenced by a positive LFT or PCR and *I/the applicant** did not work during the period for which the claim is being made.
- Notwithstanding the provisions of the Access to Health Records Ordinance 1995 or any other relevant legal, regulatory or other requirements or policies, *I/the applicant** hereby consent to the disclosure of *my/its* health records within KEMH and by KEMH to any other department of FIG as necessary to verify my claim under the Scheme.
- Notwithstanding the provisions of the Taxes Ordinance 1997 (as amended) or any other relevant legal, regulatory or other requirements or policies, *I/the applicant** hereby consent(s) to the disclosure of *my/its** tax and other records as maintained by the Tax Office or other departments within FIG as necessary for FIG to verify *my/its** self-employed status and claims under the Scheme.
- Any Scheme Payments *I/the applicant** receive(s) under the Scheme will be taxable income and will be subject to income or other tax in accordance with the terms of the Taxes Ordinance (as amended) and any other relevant tax legislation, depending on *my/the applicant's** individual circumstances.
- Any breach by *me/the applicant** of the Terms or the requirements of the Scheme or any of the above undertakings, or the provision by *me/the applicant** of any false or misleading information in, or in connection with, *my/its** application(s) will entitle FIG to reclaim and recover any Scheme Payments awarded under the Scheme (in whole or part).

Name(s): _____

Signature(s)*: _____

Capacity signed in: _____

Date: _____

* Documents can be signed electronically or in hard copy