

Questionnaire on Impact of COVID-19 on Your Business (Complete before 30 June 2020)

Mandatory if you are enjoying banking facilities

Optional for all others

Corporate Name

(1) Industry/Sector:

(2) Is your sector expected to recover directly once confinement is over?

Yes

No

Other, please specify:

(3) Were you: Temporarily and mildly impacted*

Significantly impacted**

**Temporarily: payment deferral will be effective in assisting the customer in servicing its liabilities and reviving business operations in the next 12-month period. Minor liquidity issues are acceptable.*

***Significantly: despite being offered payment deferrals, liquidity will remain a concern and revival of business operations within the next 12-month period remains uncertain.*

(4) Please select any applicable impact on business operations related to Covid-19: (you can select more than one answer)

Forced closure due to Government regulations

Business operating on reduced income

Supply Chain Impacted

Late or non-payment of receivables

Layoffs have occurred (if so, please indicate the percentage of staff that was let go): %

(5) Have operations come to a halt?

No

Partially

Completely

(6) Full recovery is expected to take place:

Within 12 months (short-term)

Beyond 12 months (long-term)

Please explain:

(7) Is the company considering ceasing operations totally or partially?

Yes

No

Other

Please explain:

(8) Are there significant disruptions threatening the long-term sustainability of the company's business model?

Yes

No

Other

Please explain:

(9) Has the company taken the necessary measures to cope with the crisis?

Yes

No

Questionnaire on Impact of COVID-19 on Your Business (Cont'd)

(10) What are the measures that you took concerning:

Management of your cash positions	<input type="text"/>
Inventory & Supply Chain	<input type="text"/>
Operating Costs	<input type="text"/>
Finance Costs	<input type="text"/>
Managed to Source alternate revenue	<input type="text"/>
Revised credit terms with suppliers and buyers	<input type="text"/>
Other measures	<input type="text"/>

(11) What is the minimum MONTHLY amount you need in terms of expenses to continue operations under current conditions?

AED

(Salaries, transport, utilities, and other unavoidable expenses)

(12) What is the company's strategy and action plan to bring back the operations to normal once the crisis is over?

(13) Has there been any major cancellation of orders or contracts? If yes, please provide the details:

Questionnaire on Impact of COVID-19 on Your Business (Cont'd)

(14) Did you apply for deferral of loan repayment (TESS) with other lenders? If Yes, please give details (lender, nature of facility, amount, deferral period):

(15) Please provide the financial data required as per below table:

Financial statement analysis	Financial information related 2018, 2019 audited financials and also 2020 latest management accounts (in-house financials) details (until March 2020) to understand the current financial position of the company.
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<i>Particulars</i> <i>AED</i>	<i>2018</i>	<i>2019</i>	<i>March 2020</i> <i>(in-house)</i>	<i>Forecasted 2020</i>
Revenue/Turnover				
Gross Profit				
Net Profit				
Total Equity				
Short-Term Debt				
Long-Term Debt				
Receivables				
Inventory				

General Comments (Optional)

Completed by: _____ Telephone No.: _____