



Application for emergency arrangement SZW

For independent entrepreneurs

As an independent entrepreneur, you can apply for temporary support if you have less income because of the coronavirus and if you meet the following conditions:

- You normally spend at least 24 hours a week on your business;
- You alone or with others have full control of the company and bear the financial risk of the company;
- Both your company and yourself are established in the Caribbean Netherlands;
- Your company was registered with a Chamber of Commerce in the Caribbean Netherlands before March 13th, 2020;
- Your income has decreased to less than \$761 per month on Bonaire, \$919 per month on St. Eustatius or \$907 per month on Saba. (This is 80% of the legal minimum wage).

This support is paid monthly. The legal term for a (first) payment is five weeks. The RCN unit SZW strives for a more prompt payment. In case your situation changes, you are obliged to report this to the SZW unit of RCN by completing a mutation form.

You must send a copy of a valid identification as an attachment. If necessary, the RCN unit SZW can request additional information from you or make inquiries at the Chamber of Commerce, the Tax office (Belastingdienst) or other authorities.

1. Company details	
Company name (if sole proprietorship: trade name, if BV or NV: registered name)	
Legal form	<ul style="list-style-type: none"><input type="radio"/> <i>Sole Proprietorship (EZ)</i><input type="radio"/> <i>Private Company (BV)</i><input type="radio"/> <i>Public Company (NV)</i><input type="radio"/> <i>Otherwise, namely:</i>
Crib number	
Chamber of Commerce number	
Address	
Phone-number	
E-mail address	

Briefly describe your business activities	
How many hours per week do you spend on your company?	<input type="radio"/> <i>Less than 24 hours a week</i> <input type="radio"/> <i>24 hours or more</i>
As of which date has your income reduced by measures related to the coronavirus?	<i>(dd-mm-yyyy)</i>
Name of your bank	
Bank account number	

2. Personal details

First name	
Last name	
Date of birth	<i>(dd-mm-yyyy)</i>
ID card number	
Has your income* decreased to less than 80% of the legal minimum wage due to the coronavirus?	<input type="radio"/> <i>Yes, my monthly income is currently: \$</i> <input type="radio"/> <i>No</i>
Do you have other income besides your company? For example from rent, pension or labor?	<input type="radio"/> <i>Yes, in total per month: \$</i> <input type="radio"/> <i>No</i>

* As income we consider the profit from your company if you have an EZ, or your salary if you have an BV or NV.

3. Signature

By signing this form I declare that I understand the information as stated above and that all questions are answered truthfully. I also declare to comply with the requirements of this arrangement. I understand that the provision of incorrect information or misuse of this arrangement has criminal consequences or can lead to recovery.	
Date	
Name	
Signature	