

APPLICATION FORM FOR AID REQUEST AT HEART FOR HORECA NPO

ENTIRELY COMPLETE THE FORM BELOW, SIGN IT AND SEND A SCAN OF IT WITH ALL THE REQUIRED DOCUMENTS TO info@heartforhoreca.be

1. Personal data of the aid applicant

NAME AND FIRST NAME:
(or legal form)

**NATIONAL REGISTER NUMBER /
COMPANY NUMBER:**

VAT NUMBER:
(if applicable)

ADDRESS:
*street and number (box)
postal code and municipality*

EMAIL ADDRESS:

PHONE NUMBER:

IBAN NUMBER:

2. Personal data of the legal representative (if the aid applicant is a legal person)

NAME AND FIRST NAME:

POSITION:
Company director / special trustee

3. Information in relation to the requested aid

START DATE ACTIVITIES:
as hotel, restaurant or café

DESCRIPTION OF THE ACTIVITIES:

STARTING DATE BRANCH RENTAL:

**MONTHLY RENTAL PRICE (VAT excl.)
ON 1 MARCH 2020: *excl. any costs or
charges to be covered by the tenant***

4. Documents to be added to the application

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an extract from the Crossroads Bank for Enterprises (not older than 1 month) showing:
 (1) proof of registration of the aid applicant as a hotel (NACE-bel code 55.10), restaurant (fully serviced eatery; NACE-bel code 56.101) or café¹ (drinking establishment; NACE-bel code 56.30)
 (2) the start of the activities of the aid applicant after 1 March 2017 but no later than 1 January 2020
 (3) establishment of the aid applicant in Belgium

<input type="radio"/>	copy of the lease to which the aid application relates and in which the aid applicant acts as tenant
<input type="radio"/>	proof of payment of the rents (copy of bank statement) by the aid applicant for at least 3 months prior to the aid application
<input type="radio"/>	copy of the identity card of the aid applicant or, where applicable, of the aid applicant's legal representative
<input type="radio"/>	copy of the Regulations signed by the aid applicant (as also available on www.heartforhoreca.be)
additionally, if the aid applicant is a legal person (company):	
<input type="radio"/>	copy of the extract from the Moniteur belge/Belgisch Staatsblad which shows that the contact person indicated is authorized to represent the applicant for legal aid
<input type="radio"/>	copy of the extract from the register of the ultimate beneficiaries (the 'UBO register') of the aid applicant (not older than 1 month)
5. Signature	
By signing, I declare in the name and on behalf of the aid applicant:	
<ul style="list-style-type: none"> - have read the Regulations as attached to this application form beforehand and accept their contents in full and irrevocably - that this application form has been completed truthfully and does not contain any inaccuracies or omissions - that the aid applicant is not in a state of inability, bankruptcy or insolvency - that the horeca business of the aid applicant was closed for a minimum period of 1 month as a direct and unavoidable consequence of an action taken by the government to combat the corona virus COVID-19 in Belgium - to agree to the fact that the VZW Heart for Horeca (in accordance with Article 16 of the Regulations) collects the above mentioned data and information as part of the fundraising action it has organized, and that it does not keep this data for longer than 3 months after the end of the action (as described under Title 2 of the Regulations). The aid applicant always has the right to have this information changed or withdrawn free of charge upon simple request (by email: info@heartforhoreca.be). VZW Heart for Horeca will not pass on the information it has collected for commercial purposes. 	
DATE	
SIGNATURE OF THE APPLICANT OR HIS LEGAL TRUSTEE	
NAME AND FIRST NAME	
POSITION <i>If the aid applicant is a legal person (company)</i>	