(「大和市中小企業融資制度借入申込書」への添付書類)

**捨印**

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| 年　 　　月　　 　日  　　大 和 市 長　 あて  　　　　　　　　　　　　　　　　　　　申 請 者　所 在 地  　　　　　　　　　　　　　　　　　　　　　　　　　　事業者名  　　　　　　　　　　　　　　　　　　　　　　　　　　代表者名  　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  　　大和市中小企業緊急支援資金融資対象者の認定を受けたいので、次のとおり申請します。  **（該当するいずれかの□にチェックの上、記入してください。）**   |  | | --- | | **□①中小企業信用保険法第２条第5項（セーフティネット保証）第　　　号**の要件をすべて満たしている。→　*要件をすべて満たしていることが****確認できる書類を添付****してください。* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **□②**最近3ヶ月間の月平均売上高が前年同期または2年前同期より**3％以上減少**している。  →　*下欄に記入してください。また、記入した内容が****確認できる書類を添付****してください。*  **売上高**（建設業にあっては、完成工事高）   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **最近3ヶ月間の売上高** | | | | | | |  | **年** |  | **月** |  | **円** | |  | **年** |  | **月** |  | **円** | |  | **年** |  | **月** |  | **円** | | **合計** | | | |  | **円** | | **平均（A）** | | | |  | **円** | | **上に対応する前年または2年前の3ヶ月間の売上高** | | | | | | |  | **年** |  | **月** |  | **円** | |  | **年** |  | **月** |  | **円** | |  | **年** |  | **月** |  | **円** | | **合計** | | | |  | **円** | | **平均（B）** | | | |  | **円** |  |  |  |  |  | | --- | --- | --- | --- | | **（Ｂ－Ａ）／Ｂ×１００** | **減少率** |  | **％** | | |