					Annex 2 – I (c)	
		ВА	NK LOGO			
The Pro	p Solar Power Gene oject Management partment of Devel ry of Finance & Mas bo 01	Unit opment Finan				
Dear Si	ir/Madam,					
Line o	of Credit Facilit	:y				
1.	In terms of the participating Credit Agreement entered in to by our bank and the MoFMM of Sri Lanka, we hereby apply for reserving funds as per the details given below					
a) b) c) d)	Eligible Sub-project : Residential/Commercial					
2.	The certified copies of the (i) Project Loan Application (ii) Credit Appraisal (iii) Business Registration(iv) Technical Proposal (v) CEB or LECO Connection Approval are attached here to,					
	Signature of the Authorized person					
	Name of the Authorized Person					
	Designation					
REIMBURSEMENT APPLICATION FOR ROOFTOP SOLAR						
POWER GENERATION PROJECT						
	Refinance Loan PMU Ref. No.					
	1. Name of the PFI : Branch Name/Code :					
1.						
2.	Business Name/Applicant Name:					
	Address of Sub-borrower :					
3.	Refinance Loan Amount (Rs.) :					
4.	Refinance Approved Date :					
5.	Details of Reimbursement					
			nt of sub-loan Date Released by PFI (Rs.)		, , , , , , , , , , , , , , , , , , , ,	
		Tranch 1 –				
	Tranch 2 -				••••	
Tranch X				····		
6. Proceeds of the loan released have been utilized to finance the following					ne following: Remarks	
	Solar panels	Description		Value (Rs.)		
	Inverters					
	Others (specify)					
	Installation charges					
	We , (full Name certify that;	Ve , (full Name of PFI)do ertify that;				
	sub-loan app sponsor has	1) A sum of Rshas so far been disbursed by us as a part/full of the sub-loan approved for the above named sub-borrower. We also confirm that the sponsor has brought in Rsas his contribution to the sub-project as at (MM/DD/YY)				
	(2) The conditions referred to in Operating Instructions, Part 12 (Selection criteria and approval process criteria) of the RSPGLoC has been met.					
	(3) The above amounts have been paid for the proper execution of project activitie within the terms and conditions of the loan agreement.					

Authorized Officer, Head office

Date.....

Branch Manager

Date.....