



Government of the Republic of Trinidad and Tobago
MINISTRY OF FINANCE

SALARY RELIEF GRANT APPLICATION FORM

SRG1

INSTRUCTIONS:

1. PLEASE USE BLOCK/CAPITAL LETTERS
2. ALL SECTIONS ARE REQUIRED TO BE COMPLETED
3. BLACK OR BLUE INK ONLY
4. A LIST OF SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION IS AVAILABLE ON PAGE 4

(FOR OFFICIAL USE)

APPLICATION NO:

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SECTION "A" - TO BE COMPLETED BY APPLICANT

1. NAME:

 SURNAME

 OTHER NAME(S)

2. MAIDEN NAME (Where applicable):

3. HOME ADDRESS:

 (STREET)

(CITY/DISTRICT/COUNTY)

4. *POSTAL ADDRESS (if different from above):

 (STREET)

(CITY/DISTRICT/COUNTY)

5. NATIONAL INSURANCE NO.:

6. VALID IDENTIFICATION NO.:

- ELECTORAL ID CARD PASSPORT DRIVER'S PERMIT

NUMBER:

EXPIRY DATE:

YYYY				MM		DD		

7. DATE OF BIRTH:

YYYY				MM		DD		

8. GENDER: MALE FEMALE

9. TELEPHONE NUMBERS:

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(HOME)						(CELLULAR)				

10. EMAIL ADDRESS: -----

11. LAST OCCUPATION:

12. NAME OF LAST EMPLOYER:

13. LAST EMPLOYER NATIONAL INSURANCE REGISTRATION NO.: (if known)

14. LAST DATE OF EMPLOYMENT:

YYYY				MM		DD		

SECTION "B"- TERMINATION/SUSPENSION OF EMPLOYMENT - TO BE COMPLETED BY EMPLOYER

INSTRUCTIONS: TO BE COMPLETED FOR EMPLOYEES WHO WERE TERMINATED/SUSPENDED FROM EMPLOYMENT DURING THE PERIOD(19 MARCH - 30 JUNE, 2020).

PARTICULARS OF EMPLOYER

COMPANY/ EMPLOYER NAME: [Grid for name]

ADDRESS: [Grid for street] (STREET) [Grid for city/district/county] (CITY/DISTRICT/COUNTY)

NATIONAL INSURANCE REGISTRATION NO.: [Grid for number]

TELEPHONE NO.: [Grid for number]

- NATURE OF BUSINESS: [] FOOD/RESTAURANT SERVICES [] BARS [] NIGHT CLUBS [] CINEMAS/ENTERTAINMENT [] CASINOS/MEMBER CLUBS [] GAMING HOUSE/BETTING HOUSE [] HOTELS/GUEST HOUSE [] RETAIL OUTLET [] SPORTING FACILITIES [] AMUSEMENT PARKS [] OTHER

I CERTIFY THAT MR./MISS/MRS.: _____

WHOSE NATIONAL INSURANCE NUMBER IS [Grid] WAS EMPLOYED IN THE ABOVE-NAMED

COMPANY AND WAS TERMINATED OR EMPLOYMENT SUSPENDED ON: [Grid] YYYY MM DD

WAS TERMINATION/SUSPENSION OF EMPLOYMENT AS A RESULT OF COVID-19 HEALTH AND SAFETY MEASURES?: [] YES [] NO

IF "NO" STATE REASON: _____



DECLARATION

I certify that the information supplied is true and correct in all respects and I understand that I may be prosecuted if I have given any information which I know to be false or do not believe to be true.

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: [Grid] YYYY MM DD

SECTION "C" - FOR OFFICIAL USE ONLY

SUPPORTING DOCUMENTS CHECKLIST:

- [] IDENTIFICATION (NATIONAL ID, DP, PASSPORT) [] BANK LETTER OR STATEMENT [] PROOF OF CITIZENSHIP OR RESIDENCY [] LAST PAY SLIP

OFFICER NAME: _____

OFFICER POSITION: _____

SIGNATURE OF OFFICER: _____

DATE: [Grid] YYYY MM DD

LIST OF SUPPORTING DOCUMENTS:

- a. **VALID FORM OF IDENTIFICATION (National ID Card, Passport, Driver's Permit)**
- b. **PROOF OF CITIZENSHIP/RESIDENCY (National ID Card, Passport, Birth Certificate, CARICOM Certificate or any other proof of Residency)**
- c. **STATEMENT OR EVIDENCE FROM YOUR FINANCIAL INSTITUTION DETAILING YOUR NAME, ACCOUNT NUMBER AND TYPE OF ACCOUNT**
- d. **LAST PAYSLIP**

THE COMPLETED APPLICATION FORM ALONG WITH COPIES OF SUPPORTING DOCUMENTS ARE TO BE DEPOSITED IN DROP BOXES AT DESIGNATED TPOST OUTLETS OR SENT VIA EMAIL TO srg@gov.tt