SALARY RELIEF GRANT APPLICATION FORM

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

| | | | | | SRC | <u>11</u> | | |
|--------------------|--|--|--|--|-----|-----------|--|--|
| (FOR OFFICIAL USE) | | | | | | | | |
| APPLICATION NO: | | | | | | | | |
| | | | | | | | | |
| | | | | | | ' | | |

| 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 | | | | | | |
| 8. GENDER: MALE FEMALE | | | | | | |
| 9. TELEPHONE NUMBERS: (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: | | | | | | |
| | | | | | | |
| | | | | | | |

| SECTION "A" - TO BE COMPLETED BY APPLICANT (CONT'D) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| FINANCIAL INFORMATION | | | | | | | | |
| The Government of Trinidad and Tobago considers the foregoing information as instructions from you regarding the deposit of your benefit payment to the financial institution of your choice. | | | | | | | | |
| The Government of Trinidad and Tobago is not liable for any payment issued to an inaccurate financial institution or account based on these instructions. | | | | | | | | |
| NOTE: APPLICANT MUST HAVE AN ACCOUNT FOR PAYMENTS TO BE DEPOSITED ACCOUNT MUST BE IN THE NAME OF THE APPLICANT (INDIVIDUAL OR JOINT ACCOUNT) | | | | | | | | |
| 15. ACCOUNT DETAILS: DO YOU HAVE AN ACCOUNT? a) YES NO | | | | | | | | |
| TYPE OF ACCOUNT b) SAVINGS CHEQUING | | | | | | | | |
| NAME OF FINANCIAL INSTITUTION: | | | | | | | | |
| | | | | | | | | |
| ADDRESS OR BRANCH: (STREET) | | | | | | | | |
| (CITY/DISTRICT/COUNTY) | | | | | | | | |
| ACCOUNT NUMBER: | | | | | | | | |
| | | | | | | | | |
| <u>DECLARATION OF APPLICANT</u> 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. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SIGNATURE OR MARK OF APPLICANT DATE: | | | | | | | | |
| SICNIATURE OR MARK OF ARRIVANT | | | | | | | | |
| SIGNATURE OR MARK OF APPLICANT YYYY MM DD | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S) (STREET) | | | | | | | | |
| NAME: SURNAME SURNAME (CITY/DISTRICT/COUNTY) SIGNATURE OR MARK OF APPLICANT YYYY MM DD OTHER NAME(S) | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME SURNAME (CITY/DISTRICT/COUNTY) PASSPORT VALID IDENTIFICATION: DRIVEP'S PERMIT NUMBER: NUMBER: | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S) (CITY/DISTRICT/COUNTY) PASSPORT | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S) CITY/DISTRICT/COUNTY) PASSPORT VALID IDENTIFICATION: (Tick appropriate box) DRIVER'S PERMIT NUMBER: UTYYY MM DD OTHER NAME(S) OTHER NAME(S) | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S) ADDRESS: (STREET) (CITY/DISTRICT/COUNTY) PASSPORT VALID IDENTIFICATION: (Tick appropriate box) ELECTORAL I.D. | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME ADDRESS: OTHER NAME(S) (CITY/DISTRICT/COUNTY) PASSPORT VALID IDENTIFICATION: (Tick appropriate box) DRIVER'S PERMIT ELECTORAL I.D. OCCUPATION: DATE: | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S) ADDRESS: (CITY/DISTRICT/COUNTY) PASSPORT VALID IDENTIFICATION: DRIVER'S PERMIT ELECTORAL I.D. OCCUPATION: ELECTORAL I.D. | | | | | | | | |
| PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME ADDRESS: OTHER NAME(S) (CITY/DISTRICT/COUNTY) PASSPORT VALID IDENTIFICATION: (Tick appropriate box) DRIVER'S PERMIT ELECTORAL I.D. OCCUPATION: DATE: | | | | | | | | |

| 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 NATIONAL | . INSURANCE | | | | | |
| COMPANY/ EMPLOYER | REGISTRAT | | | | | | |
| NAME: | | | | | | | |
| | TELEPHON | E NO.: | | | | | |
| ADDRESS: | (STREET) | - | | | | | |
| | | | | | | | |
| | (CITY/DISTRICT/COUNTY) | | | | | | |
| NATURE OF BUSINESS: | FOOD/RESTAURANT BARS NIGHT CO | LUBS | | | | | |
| | ☐ CINEMAS/ENTERTAINMENT ☐ CASINOS/MEMBER CLUBS ☐ GAMING HOUSE/BETTING HOUSE | | | | | | |
| | HOTELS/GUEST HOUSE RETAIL OUTLET SPORTING | G FACILITIES | | | | | |
| | AMUSEMENT PARKS OTHER | | | | | | |
| I CERTIFY THAT A | T MR./MISS/MRS.: | | | | | | |
| | | AMED | | | | | |
| WHOSE NATION | ONAL INSURANCE NUMBER IS WAS EMPLOYED IN THE ABOVE-N | AMED | | | | | |
| COMPANY AND | ID WAS TERMINATED OR EMPLOYMENT SUSPENDED ON: | | | | | | |
| WAS TERMINATI SAFETY MEASUR | TION/SUSPENSION OF EMPLOYMENT AS A RESULT OF COVID-19 HEALTH AND URES?: | NO | | | | | |
| IF "NO" STATE RI | REASON: | | | | | | |
| | COME | ANIV CTAMP | | | | | |
| | COMP | PANY STAMP | | | | | |
| | | | | | | | |
| <u>DECLARATION</u> 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 inform NAME: | mation which I know to be false or do not believe to be true. | g | | | | | |
| - | | | | | | | |
| POSITION: | | | | | | | |
| SIGNATURE: | | | | | | | |
| - | DATE: | YYYY MM DD | | | | | |
| SECTION "C | 'C" - FOR OFFICIAL USE ONLY | | | | | | |
| SUPPORTING DO | DOCUMENTS CHECKLIST: | | | | | | |
| ☐ IDENTIFICATION (NATIONAL ID, DP, PASSPORT) ☐ BANK LETTER OR STATEMENT | | | | | | | |
| PROOF OF CITIZENSHIP OR RESIDENCY LAST PAY SLIP | | | | | | | |
| OFFICER NAME: | E: OFFICER POSITION: | | | | | | |
| SIGNATURE OF O | F OFFICER: DATE : | 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 TTPOST OUTLETS OR SENT VIA EMAIL TO srg@gov.tt