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

					SRG1		
(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					
7. DATE OF BIRTH: YYYY MM DD YYYY MM DD					
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: YYYY MM DD					

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: YYYY MM DD						
SIGNATURE OR MARK OF APPLICANT YYYY MM DD						
SICNIATURE OR MARK OF ARRIVANT						
PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S)						
PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME:						
PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME ADDRESS: OTHER NAME(S)						
PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign) NAME: SURNAME OTHER NAME(S) (STREET)						
NAME: SURNAME OTHER NAME(S) (CITY/DISTRICT/COUNTY)						
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 VALID IDENTIFICATION: (Tick appropriate box) DRIVER'S PERMIT NUMBER: NUMBER:						
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 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 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							
	PARTICULARS OF EMPLOYER	NATIONAL INSURANCE					
COMPANY/ EMPLOYER		REGISTRATION NO.:					
NAME:							
100000		TELEPHONE NO.:					
ADDRESS:	(STREET)						
	(CITY/DISTRICT/COUNTY)						
NATURE OF BUSINESS:	FOOD/RESTAURANT BARS SERVICES	NIGHT CLUBS					
	CINEMAS/ENTERTAINMENT CASINOS/MEMBER CLUBS GAMING HOUSE/BETTING HOUSE						
	HOTELS/GUEST HOUSE RETAIL OUTLET	SPORTING FACILITIES					
	AMUSEMENT PARKS OTHER						
I CERTIFY THAT A	Γ MR./MISS/MRS.:						
	DNAL INSURANCE NUMBER IS WAS EMPLOYED IN TO	HE AROVE NAMED					
WHOSE NATION	WAS EMPLOTED IN II	TE ADOVE-NAMED					
COMPANY AND	D WAS TERMINATED OR EMPLOYMENT SUSPENDED ON: YYYY MM DD						
WAS TERMINATI SAFETY MEASUR	TION/SUSPENSION OF EMPLOYMENT AS A RESULT OF COVID-19 HEALTH AND IRES?:	S NO					
IF "NO" STATE RI	REASON:]					
		COMPANY STAMP					
		COMPANY STAMP					
I certify tha	<u>DECLARATION</u> hat the information supplied is true and correct in all respects and I understand that I 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.	, .					
=							
POSITION:							
SIGNATURE:		_ [,,,],					
-	DAT	E: 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:	E: OFFICER POSITION:						
SIGNATURE OF C	F OFFICER: DA	TE: 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