

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:

[illegible][illegible]**ADDRESS OR BRANCH:**[illegible]

(STREET)

[illegible]

(CITY/DISTRICT/COUNTY)

ACCOUNT NUMBER:[illegible]

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:

The diagram shows a horizontal bar representing a 12-bit shift register. It is divided into three equal sections by vertical lines. Below the first section (leftmost) is the label 'YYYY'. Below the second section (middle) is the label 'MM'. Below the third section (rightmost) is the label 'DD'. Each section contains three vertical tick marks, one near the left edge, one in the center, and one near the right edge.

NAME:

[illegible][illegible][illegible]

OTHER NAME(S)

ADDRESS:

[illegible]

(STREET)

[illegible]

(CITY/DISTRICT/COUNTY)

☐ PASSPORT

VALID IDENTIFICATION:
(Tick appropriate box)

☐ DRIVER'S PERMIT

NUMBER:

[illegible]

☐ ELECTORAL I.D.

OCCUPATION:

[illegible]

SIGNATURE OF WITNESS

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 EMPLOYERCOMPANY/
EMPLOYER
NAME:

ADDRESS:

(STREET)																			
(CITY/DISTRICT/COUNTY)																			

NATIONAL INSURANCE
REGISTRATION NO.:

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TELEPHONE NO.:

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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

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WAS EMPLOYED IN THE ABOVE-NAMED

COMPANY AND WAS TERMINATED OR EMPLOYMENT SUSPENDED ON:

YYYY				MM		DD			

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

IF "NO" STATE REASON:

COMPANY STAMP

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:

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:

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 PAYSリップ**