



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

APPLICATION FORM
HUMANITARIAN ASSISTANCE TO TRINIDAD AND TOBAGO NATIONALS
STRANDED OVERSEAS DUE TO THE COVID-19 PANDEMIC

APPLICATION NO.

In response to the ongoing global pandemic, the Government of the Republic Trinidad and Tobago is extending humanitarian assistance to those nationals of Trinidad and Tobago who are ordinarily domiciled in Trinidad and Tobago, are currently overseas and are unable to return to Trinidad and Tobago due to the closure of the country's international borders. Applicants are encouraged to provide details of circumstances as applications will be considered on a case-by-case basis and prioritized taking into account limited resources available. Such persons who are experiencing genuine hardship beyond their available resources to provide for their basic daily necessities are invited to complete this application form and submit it along with relevant supporting documentation for consideration to **one (1)** of the following Trinidad and Tobago Overseas Missions:

- i. Embassy of the Republic of Trinidad and Tobago
1708, Massachusetts Ave NW,
Washington, DC 20036
United States of America
Email: covidassistancedc@foreign.gov.tt
- ii. High Commission of the Republic of Trinidad and Tobago
42, Belgrave Square,
Belgravia,
London SW1X 8NT
United Kingdom
Email: covidassistancelon@foreign.gov.tt
- iii. Consulate General of the Republic of Trinidad and Tobago
125 Maiden Ln#4,
New York
NY 10038
United States of America
Email: covidassistancenyc@foreign.gov.tt
- iv. Consulate General of the Republic of Trinidad and Tobago
185, Sheppard Avenue
Toronto,
ON M2N 1M9
Canada
Email: covidassistancetor@foreign.gov.tt

- v. Consulate General of the Republic of Trinidad and Tobago
1000 Brickell Avenue
Suite 800
Miami, Fl. 33131-3047
Email: covidassistancemiami@foreign.gov.tt

If you are also completing a Form on behalf of a minor or other dependent, please submit your Form and that of the minor/dependent at the same time. Please ensure that the required accompanying documents and information are also submitted on behalf of the minor/dependent.

A. Personal Details

1. _____
SURNAME

2. _____
FIRST NAME OTHER(S)

3. MALE FEMALE

4. ____/____/____
DOB (D/M/Y) AGE

5. Contact number and e-mail address:

6. Provide a copy of the Passport Bio- data page of the applicant.

7. Permanent address in Trinidad and Tobago:

8. Name, address, contact number(s) and e-mail address of an immediate family member in Trinidad and Tobago:

B. Travel Details

9. State current country location: address and contact number(s):

Telephone No.: _____

10.

- (a) Date of departure from Trinidad and Tobago: _____
- (b) Provide a copy of the applicant's Passport Page bearing the Immigration Arrival Stamp or copies of their vacation/temporary residence visas
- (c) Provide evidence of a return ticket

11. Have you applied for a Travel Exemption to re-enter Trinidad and Tobago?

YES

NO

If yes, provide the date (D/M/Y): _____

C. Information Required for Receipt of Funds

Bank details may be your own or that of someone at your current location whom you authorize to collect funds on your behalf (the completion of this section with the relevant details constitutes your authorization); OR your Trinidad and Tobago bank account (if accessible at this time). If the applicant's only option is receipt of a cheque, please complete section 12 (a) with the information for the intended recipient.

12.

- (a) Full Name of account holder and address (applicant or authorized person):

- (b) Name and address of bank:

- (c) Beneficiary's account number and account type (e.g. checking or savings):

16. I hereby attest that the information provided above is true and that I have not deliberately provided false and/or misleading information.

Signature or mark of applicant

Date (D/M/Y)

Signature of person completing the form
on behalf of the applicant

Date (D/M/Y)

For Official Use only

Application No. _____

Receiving Mission: _____

Name of Receiving Officer: _____

Date Received: _____

Name of Reviewing Officer: _____

Date Reviewed: _____

Status of Application: _____