



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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**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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:covidassistancemiami@foreign.gov.tt)

If you are completing a Form on behalf of yourself and immediate family, a minor or other dependent, please submit one application Form and all accompanying documentation at the same time.

### 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):

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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 and/or received a Travel Exemption to re-enter Trinidad and Tobago?

YES

NO

If yes, provide the dates of each (D/M/Y):

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### 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):

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(b) Name and address of bank:

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

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(d) Recipient routing number

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(e) Recipient bank SWIFT or BIC code

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13. Please indicate your greatest financial need in order of priority (e.g.1,2,3,4 with 1 being the most urgent need):

Medical	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Food	<input type="checkbox"/>
Other	<input type="checkbox"/>

If **Other**, please explain:

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**For Official Use only**

Application No. \_\_\_\_\_

Receiving Mission: \_\_\_\_\_

Name of Receiving Officer: \_\_\_\_\_

Date Received: \_\_\_\_\_

Name of Reviewing Officer: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Status of Application: \_\_\_\_\_