



**GOVERNMENT OF GRENADA**  
COVID-19 Economic Support Stimulus Package

**Temporary Unemployment Assistance Benefit Program**

This application **MUST** be submitted **Every Month** by **the employee** only if the employer has failed, neglected and or refused to complete the form on your behalf.

**\*EMPLOYEE REGISTRATION NO.:**

**\*NAME OF LAST EMPLOYER:**

**\*IN RECEIPT OF GOVERNMENT STIMULUS PROGRAMME 2.0:**

**\*FIRST NAME:**

**\*LAST NAME:**

**TELEPHONE NO:**

**ADDRESS: . . .**

**\*SELECT THE MONTH FOR WHICH IT APPLIES:**

**\*UNEMPLOYED FROM:**

**\*UNEMPLOYED TO:**

**\*ARE YOU UNEMPLOYED DUE TO COVID-19?**

**\*DID YOUR EMPLOYER PROVIDE ANY INCOME TO YOU IN THIS PERIOD?**

**WHICH BENEFIT (S) ARE YOU CURRENTLY RECEIVING FROM THE NIS:**

**\*NAME OF FINANCIAL INSTITUTION:**

**\*NAME ON ACCOUNT:**

**\*ACCOUNT NO.:**

**\*ACCOUNT TYPE:**

**EMAIL ADRESS:**

**SIGNATURE: ..... DATE: .....**