



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:

EMAIL 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:

DATE:

I certify that the information above is correct.

Warning: Any information provided will be subject to verification and if any of the information submitted is found to be false or misleading this will result in the applicant being disqualified from the programme.