



Life and Residential Declaration Form

Section A: General Client Information

1. Last Name:..... **First Name:** **Middle Name:**.....

2. Date of Birth: **Age:**..... **Birth Certificate Pin Number:**

3. (a). (i) Permanent Address:
 House Number:
 Street:
 Community/ Village:
e.g. Arima, Chaguanas
 Region / Borough:
e.g. City of San Fernando
 Postal Code:
 Country:

(ii) How long have you resided at this address: *if less than 3 years please complete 3 (b)*

3. (b). Previous Address *(if 3 (a) (II) was less than 3 years):*
 House Number:
 Street:
 Community/ Village:
e.g. Arima, Chaguanas
 Region / Borough:
e.g. City of San Fernando
 Postal Code:
 Country:.....

3. (c). Current Address *(if different from 3(a)):*
 House Number:
 Street:
 Community/ Village:
e.g. Arima, Chaguanas
 Region / Borough:
e.g. City of San Fernando
 Postal Code:
 Country:.....

4. National Identification Card Number *(Submit copy of both sides of ID Card):*

5. (a) Client Contact Number (s):
 1.
 2.

5. (b) Client Email Address:

6 (a) Nominee Information : *(Please tick the appropriate box):*

a. I have a Nominee
(Please complete 6 (b))

b. I do not have a Nominee

6. (b) Nominee's Information: *(Submit copy of both sides of ID Card):*

Last Name:
 First Name:
 Relationship:
 Contact Number:
 ID Card Number:
 Email Address:.....

7. (a) Country of Birth:

(b) Nationality:

(c) Are you a resident or hold dual citizenship of another country? Yes No
 If 'Yes' please specify:.....

8. Applicable Grant(s): *Please tick the appropriate box where necessary:*

a. Senior Citizens Pension d. Public Assistance Grant
 b. Disability Assistance Grant e. Other Grant
 c. Food Support Grant *(Please Specify):*

Section B: Passport Information

1. (a) I am the holder of a valid Passport: Yes No

(b) Trinidad and Tobago Passport Information:

(Submit copy of Bio-Data page).

- I. Country of Issue:
- II. Passport Number:
- III. Date of Issue:
- IV. Date of Expiration:

(c) Other Passport Information:

(Submit copy of Bio-Data page).

- I. Country of Issue:
- II. Passport Number:
- III. Date of Issue:
- IV. Date of Expiration:

(d) Travel Information for last Overseas Trip :

- I. Date of departure from Trinidad & Tobago:.....
- II. Country visited:
- III. Purpose of trip:
- IV. Date Returned to Trinidad & Tobago:

(e) Travel Information for 2nd to last Overseas Trip:

- I. Date of departure from Trinidad & Tobago:.....
- II. Country visited:
- III. Purpose of trip:
- IV. Date Returned to Trinidad & Tobago:

Section C: Declaration

I,..... do solemnly and sincerely declare as follows:

I hereby certify that I am currently residing in Trinidad and Tobago and have been residing in the country since..... I meet all the eligibility criteria for the Grant(s).

I make this declaration conscientiously believing that same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false and which I do not believe to be true, I am liable to fine and imprisonment.

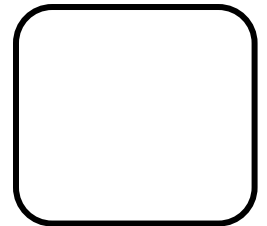
I understand that any false information supplied in the completion of this application will also result in the discontinuance of my grant(s) and the Ministry of Social Development and Family Services reserves the right to recover grant(s) previously received.

I hereby grant permission to the Ministry of Social Development and Family Services to access /obtain my travel information from the Immigration Division of the Ministry of National Security. I hereby also authorise the Ministry with the responsibility for Social Welfare to contact any relevant Organisation for the purpose of verifying the information presented in this declaration form.

I also undertake to inform the Ministry of Social Development and Family Services of any changes to the above information within two weeks of the change.

Signature of Client:.....

Thumb Print:



and

Date:.....

FOR OFFICIAL USE ONLY

Section A

Name of Officer:

(IN BLOCK LETTERS)

Position:.....

Officer Signature:.....

Date Received:

Section B

Name of Supervisor:

(IN BLOCK LETTERS)

Official Stamp:

Local Board:.....

Supervisor Signature:.....

Date :