



Government of the Republic of Trinidad and Tobago

Ministry of the People, Social Development and Family Services

FOOD CARD PROGRAMME

LETTER OF DECLARATION FOR PERSONS WHO DO NOT HOLD ANY FINANCIAL ACCOUNTS

APPLICANT NAME _____

APPLICANT ADDRESS _____

DATE _____

TO WHOM IT MAY CONCERN

I, _____ do hereby declare that I am
CLIENT NAME (BLOCK LETTERS)
not the holder or part holder of any accounts with any financial institution (Bank, Credit Union
or Trust etc.).

***I declare that this information given by me in this declaration is true, complete and correct to
the best of my knowledge and belief. I understand that any false statement or the withholding
of any relevant information may hinder me eligibility to qualify for, or result in the termination
of my participation in the Food Support Programme.***

Signature of Applicant

Signature of Liaison Officer

Local Board