

GOVERNMENT OF ST. KITTS AND NEVIS

CLAIM FOR COVID-19 FUEL SUBSIDY



Section A: Applicant's Details

1. Social Security No.

2. FIRST NAME MIDDLE NAME(S) SURNAME

3. Date of Birth (dd/mm/yyyy) 4. Gender Male Female 5. Occupation _____

6. Street Address _____
City/Town/Village _____ Island St. Kitts Nevis

7. P.O. Box No. 8. E-mail Address _____ 9. Tel./Cellular No.

Section B: Eligibility

10. Are you the current owner of an "H" passenger bus? Yes No

11. If yes, (a) Is the bus currently operating? Yes No

(b) Is the bus registered / licensed for 2021? Yes No

(c) If yes to 11 b., please state the bus registration number(s) _____

12. Are you the holder of a valid business license? Yes No

13. Is the bus business your only source of income? Yes No

14. If no, state the name of your employer or other economic activity. _____

I hereby authorize and request the Ministry of Finance, Government of St. Kitts and Nevis, to transfer the COVID-19 Fuel Subsidy payment to the designated financial institution for deposit in my account.

If the electronic transmission for this authorization for any reason results in an overpayment of the Fuel Subsidy payment due and payable to me, I hereby authorize the Ministry of Finance to either withhold a sum equal to the overpayment from my next Fuel Subsidy payment or seek full reimbursement by whatever means is appropriate.

If any action taken by me, without adequate notification to the Ministry of Finance, results in non-acceptance of the transfer by the designated financial institution, I understand that the Ministry of Finance assumes no responsibility for processing supplemental Fuel Subsidy payments until the funds are returned to the Government of St. Kitts and Nevis by the financial institution.

Section C: Banking Information

Please enter your **Bank** details for payment of your Fuel Subsidy:

15. Name on Account

16. Account No.

17. Name of Financial Institution

Select type of Account - Savings -

Chequing -

Section D: Declaration

I hereby declare that the information given in this claim is true to the best of my knowledge and belief and that I will not receive or keep any payment in respect of any period for which I do not meet the criteria.

- a. I hereby authorize the Ministry of Finance and any Government Agency approved to process my claim, to use a copy (including electronic copy) of this form and the information contained therein, as well as other information previously provided to other Government Agencies by me, for the purpose of determining my eligibility for benefits and for processing such benefits.
- b. I understand that there may be some circumstances in which this information may be shared with other parties where necessary for routine purposes including:
 - i. for auditing of programme eligibility and payments;
 - ii. to establish or verify information provided by programme applicants; and
 - iii. for administering/issuing programme payments.
- c. I have read Section D: Declaration and agree to the disclosures above.

18. Claimant's Signature

19. Date Signed (dd/mm/yyyy)

IMPORTANT NOTES:

1. This form **MUST** be accompanied by a copy of a valid Social Security card and Business License.
2. Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit will be liable to prosecution.

For Official Use

Date Received

Verification Document Received

Claim Number _____

20. Amount Payable _____

21. Comment _____

22. Signature of Verification Officer _____

23. Date (dd/mm/yyyy) _____

24. Signature of Approver _____

25. Date (dd/mm/yyyy) _____