

# COVID-19 FUND REQUEST FORM

## Employee Support

1. Name of Employer: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

3. Business Licence: \_\_\_\_\_

4. Tin Number: \_\_\_\_\_

5. Please attach the following information:

Employee Name (Bring National ID)

- Employee Name
- Basic Salary per Month
- Date of Ceased Service
- Permanent or Casual
- Contact details of employee
- Documents as evidence for lay off or leave without pay employees

6. Signature of Employer/Person submitting the request: .....

7. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name	Basic Salary (monthly)	Date of Ceased Service	Permanent or Casual	Contact #	Email

Send in softcopy to this email:[mhalaifonua@gmail.com](mailto:mhalaifonua@gmail.com) or use this format and submit to National Retirement Benefits Fund.