

This loan shall be processed for free and no one should solicit funds from any applicant for purposes of securing this education loan.



Attach 3
passport
photographs *

HIGHER EDUCATION STUDENTS' FINANCING BOARD

Increasing Access to Higher Education

STUDENTS' LOAN APPLICATION FORM

TO BE COMPLETED BY ALL STUDENTS APPLYING FOR STUDENTS' LOAN

CAUTION: Any person or student who when filling a Loan Application Form, or during cross examination knowingly makes a false statement whether in writing or orally relating to any matter affecting the request for a Loan shall be guilty of an offence punishable by law (Section 38 of the Higher Education Students' Financing Act 2014)

1. PERSONAL DETAILS OF THE APPLICANT (Complete all sections in Capital / Block Letters)

1.1 Applicant's Bio - Data

Surname *

First Name *

Other Name(s)

Gender *

☐ M ☐ F

Date of Birth *

 D D M M Y Y Y Y

1.2 Applicant's Identification Documents * (Please tick at least one appropriate ID and mention the ID No.)

☐ National ID		☐ Driving License	
☐ Voters' Card		☐ Passport	
☐ NSSF Card		☐ Others	
☐ C.R.B / Financial Card		(Specify)	

1.3 Applicant's Home Of Origin

District *

County *

Sub-County *

Parish / Ward *

Village / LC1 *

Town *

P.O. Box Number

1.4 Applicant's Current Address

District

County

Sub-County

Parish / Ward

Village / LC1

Plot No. (Where applicable)

Emergency Contact Person

Emergency Contact Relationship

Emergency Contact Telephone

Please note that fields marked * are mandatory, and only fully completed loan application forms shall be processed.

1.5 Applicant's Permanent Address

District *

County *

Sub-County *

Parish / Ward *

Village / Cell *

Street / LC1

Plot No. (Where applicable)

1.6 Applicant's Contact Information

Email Address

Alternate Email Address

Mobile Phone Number *

Twitter Account

Facebook Account

Whatsapp Account

1.7 Applicant's Marital Status (Please attach the applicable documents)☐

Single

☐

Married

☐

Separated

☐

Divorced

☐

Widowed

☐

Others

If Others, please Specify: _____

1.8 Applicant's Disability (Please attach a picture and Doctor's report)Do you have any disability? ☐ YES ☐ NO

(If YES, Please indicate which of the following disabilities and the extent of the disability)

Type of disability

- | | | |
|------|------------------|--------------------------|
| I. | Communicating | ☐ |
| II. | Hearing | ☐ |
| III. | Remembering | ☐ |
| IV. | Seeing | ☐ |
| V. | Self-Care | ☐ |
| VI. | Walking | ☐ |
| VII. | Others (Specify) | ☐ |
- _____

Level of disability

- | | | | | | |
|--------|--------------------------|----------|--------------------------|--------|--------------------------|
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |

1.9 Applicant's Education Entry Mode *☐

Direct Mode (from A' Level)

☐

Others

If Others, please Specify: _____

1.10 Applicant's Education Background Information

Level of Education	Institution / School attended	Index/Registration Number	Year of Completion	Points Scored	Fees Paid per Term
Universities Attended					
(1)					
(2)					
Tertiary Institutions Attended * (should be filled if Applicant's Education Entry Mode is Others)					
(1)					
(2)					
'A' Level Schools Attended * (should be filled if Applicant's Education Entry Mode is Direct)					
(1)					
(2)					
'O' Level Schools Attended *					
(1)					
(2)					
(3)					
Primary Schools Attended					
(1)					

1.11 School Fees History (How was your education financed?) (Tick appropriately)

	Parent	Guardian	Government	Self	Fees per term
a) A' Level/ Tertiary *	☐	☐	☐	☐	
b) O' Level *	☐	☐	☐	☐	
c) Primary	☐	☐	☐	☐	

If others please specify and attach evidence _____

Please note that fields marked * are mandatory, and only fully completed loan application forms shall be processed.

2. PARENTS' DETAILS OF THE APPLICANT (Complete all sections in Capital / Block Letters)

2.1 FATHER

(Where employed please attach father's latest payslip and if self-employed attach proof of income e.g. Financial statement/bank statement and if deceased provide death certificate or LC1 Chairperson's confirmation)

2.1.1 Father's Bio - Data

Surname *	First Name *	Other Name(s)
Date of Birth		

2.1.2 Is your father alive? *

☐ YES ☐ NO *If NO, go to Section 2.2*

2.1.3 Father's Contact Information

P.O. Box Number	Email Address *	Mobile Phone Number *
District *	County *	Sub-County *

2.1.4 Father's Place of Origin

District *	County *	Sub-County *
Parish / Ward *	Village / Cell *	

2.1.5 Father's Permanent Address

District *	County *	Sub-County *
Parish / Ward *	Village / Cell *	Street / LC1
Plot No. (Where applicable)		

2.1.6 Father's Disability (Please attach a picture and Doctor's report)

Does your father have any disability? ☐ YES ☐ NO *(If YES, please indicate which of the following disabilities and the extent of the disability)*

Type of disability

- | | |
|------------------|--------------------------|
| 1) Communicating | ☐ |
| 2) Hearing | ☐ |
| 3) Remembering | ☐ |

Level of disability

- | | | | | | |
|--------|--------------------------|----------|--------------------------|--------|--------------------------|
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |
| Slight | ☐ | Moderate | ☐ | Severe | ☐ |

Please note that fields marked * are mandatory, and only fully completed loan application forms shall be processed.

- 4) Seeing ☐
- 5) Self-Care ☐
- 6) Walking ☐
- 7) Others (Specify) ☐
- _____

- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| Slight ☐ | Moderate ☐ | Severe ☐ |
| Slight ☐ | Moderate ☐ | Severe ☐ |
| Slight ☐ | Moderate ☐ | Severe ☐ |
| Slight ☐ | Moderate ☐ | Severe ☐ |

2.1.7 Father's Highest Level of Education * (Please tick appropriately)

- | | | | |
|------------------------------------|--|--|---|
| None ☐ | Primary ☐ | Secondary ☐ | Vocational/Certificate ☐ |
| Diploma ☐ | Bachelor's Degree ☐ | Post-Graduate Diploma ☐ | Master's Degree ☐ |
| Doctorate ☐ | | | |
- Degree ☐

2.1.8 Father's Profession

2.1.9 Father's Employment Information

Is your father employed? ☐ YES ☐ NO (If YES, Please provide the following details)

Employer Name Nature of Employers' Business

2.1.10 Father's Income Information (monthly) * (Specify any one of the appropriate income)

Income from Employment	Income from Business	Income from Agriculture	Income from Other Source
---	---	--	---

2.2 MOTHER

(Where employed please attach mother's latest payslip and if self-employed attach proof of income e.g. Financial statement/bank statement and if deceased provide death certificate or LC1 Chairperson's confirmation)

2.2.1 Mother's Bio - Data

Surname * First Name * Other Name(s)

Date of Birth

D D M M Y Y Y Y

2.2.2 Is your Mother's alive? *

☐ YES ☐ NO If NO, go to Section 2.3

2.2.3 Mother's Contact Information

P.O. Box Number	Email Address	Mobile Phone Number *
District *	County *	Sub-County *

2.2.4 Mother's Place of Origin

District *	County *	Sub-County *
Parish / Ward *	Village / Cell *	

2.2.5 Mother's Permanent Address

District *

County *

Sub-County *

Parish / Ward *

Village / Cell *

Street / LC1

Plot No. (Where applicable)

2.2.6 Mother's Disability (Please attach a picture and Doctor's report)

Does your mother have any disability? ☐ YES ☐ NO *(If YES, please indicate which of the following disabilities and the extent of the disability)*

TYPE OF DISABILITY

1) Communicating	☐
2) Hearing	☐
3) Remembering	☐
4) Seeing	☐
5) Self-Care	☐
6) Walking	☐
7) Others (Specify)	☐

LEVEL OF DISABILITY

Slight	☐	Moderate	☐	Severe	☐
Slight	☐	Moderate	☐	Severe	☐
Slight	☐	Moderate	☐	Severe	☐
Slight	☐	Moderate	☐	Severe	☐
Slight	☐	Moderate	☐	Severe	☐
Slight	☐	Moderate	☐	Severe	☐
Slight	☐	Moderate	☐	Severe	☐

2.2.7 Mother's Highest Level of Education * (Please tick appropriately)

None	☐	Primary	☐	Secondary	☐	Vocational/Certificate	☐
Diploma	☐	Bachelor's Degree	☐	Post-Graduate Diploma	☐	Master's Degree	☐
Doctorate	☐						

Degree

2.2.8 Mother's Profession

2.2.9 Mother's Employment Information

Is your mother employed? ☐ YES ☐ NO *(If YES, please provide the following details)*

Employer Name

Nature of Employers' Business

2.2.10 Mother's Income Information (monthly) * (Specify any one of the appropriate income)

Income from Employment

Income from Business

Income from Agriculture

Income from Other Source

2.3 Details of Siblings (Provide information for disabled or government sponsored siblings, and in case the space provided is not adequate, complete and attach an additional sheet.)

[illegible]

2.4 Family Social Economic Situation

2.4.1 Biological Parent Details

Total number of children from biological father Total number of children from biological mother

2.4.2 Are your parents staying together? ☐ YES ☐ NO

If NO, with whom do you stay? ☐ Father ☐ Mother ☐ Others (please specify) _____

2.4.3 Type of family residence

☐ Rented ☐ Owned ☐ Employers' ☐ Others (please specify) _____

2.4.4 Type of house

☐ Permanent ☐ Semi-Permanent ☐ Others (please specify) _____

2.4.5 Number of rooms In the family house

2.4.6 What is the estimated monthly expenditure of the household in UGX?

- | | |
|-------------|--|
| 1. Rent | |
| 2. Food | |
| 3. Clothing | |

- #### 4. Utilities

Water	
-------	--

Electricity	
-------------	--

Gas	
-----	--

Charcoal	
----------	--

Paraffin	
----------	--

Firewood	
----------	--

Airtime	
---------	--

Pay TV	
--------	--

Transport	
-----------	--

Total Monthly Household Expenditure (sum of 1, 2, 3 and 4):

2.4.7 Medical Care * (Where does your family go for medical treatment? Please tick appropriately)

☐ Government Health Facility
 ☐ Private Commercial Hospital
 ☐ Private Missionary Hospital
☐ Others (please specify) _____

2.4.8 How does your family pay for medical treatment? * (Please tick appropriately)

☐ Free Service
 ☐ Cash
 ☐ Health Insurance
 ☐ Employer's Refund
 ☐ Others (please specify) _____

2.4.9 Details of Family Dependants (Provide information for disabled or government sponsored family dependants, and in case the space provided is not adequate, complete and attach an additional sheet.)

Name	Most Recent Institution / School	Most Recent level of Study	Termly Fees

3. ADMISSION AND LOAN DETAILS (Complete all sections in Capital / Block Letters)**3.1 Details of Institution To Which You Are Admitted**

Institution Name * Faculty / School * Year of Admission *
 Admission Number * Course Admitted For *
 Course Duration * (In Years: Please tick)

1	2	3	4	5	6	7
---	---	---	---	---	---	---

 Current Year of Study * (In Years: Please tick)

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3.2 Loan Amount Required For One Academic Year (In Ugx)

	Semester – 1	Semester -2	Total
i) Tuition Fees *			
ii) Functional Fees *			
iii) Research Fees			
iv) Aids and Appliances For The Disabled (Please Specify) _____			
Total Loan Amount (Summation of i, ii, iii and iv)			

Number of years to be financed:

Please note that fields marked * are mandatory, and only fully completed loan application forms shall be processed.

3.3 Borrowing Motivation (Please Give Reason Why You Must Borrow From Government To Finance Your University/Tertiary Education)

3.4 Early Payments (i.e. loan repayments during the period of study, and these loan repayments are not charged interest). This is therefore to encourage you to find sponsors to complete the table below, so that you benefit from the reduced interest burden.)

	Sponsor 1	Sponsor 2
Name		
Profession		
Occupation		
Contact		
Proposed Amount		
Frequency	☐ Monthly ☐ Half Yearly ☐ Yearly	☐ Monthly ☐ Half Yearly ☐ Yearly

Signature _____

4. DECLARATION AND RECOMMENDATIONS (Complete all sections in Capital / Block Letters)

4.1 Parent / Guardian

I declare that I have read this form or this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge.

Name * :

Telephone Contact :

Mobile Number * :

Residential Physical Address * :

Employer (if Applicable) :

Employers' Physical Address :

Relationship with Applicant * :

Signature * :

Date * :

*Please note that fields marked * are mandatory, and only fully completed loan application forms shall be processed.*

4.2 Terms and Conditions

1. I hereby declare that the above particulars and information availed above is true to the best of my knowledge and the same shall form the basis of any arrangement for a facility (Student's Loan, and any other products the Board might develop from time to time) if any granted to me.
2. The loan shall be repaid with interest as may be determined by the Board from time to time.
3. The Board retains the right to evaluate all loan applications and determine the number of beneficiaries. (This application is not a guarantee that the loan shall be approved).
4. In the event that the loan beneficiary discontinues studies for whichever reason before full disbursement is made, the Board shall not disburse the remaining allocation and shall recall the loan so far advanced in full together with the interest thereon.
5. The loan shall be repaid in equal monthly instalment as per schedule determined by the Board.
6. As prescribed by section 27 of the Higher Education Students' Financing Act 2014, I undertake to make early repayments when funds allow and I shall do so in manner that shall be approved by the Board.
7. If a loan beneficiary defaults in repayment when the loan is due, the whole amount shall become due and payable and the loan beneficiary shall be bound to pay all other charges that may arise as a result of the default including but not limited to the advocates fees and penalties.
8. The signature of the applicant shall certify the reading, understanding and being in agreement with the terms and conditions herein.
9. No loan shall be disbursed unless the loan agreement form is signed.
10. I am aware that the Board, at my cost, will protect its funds, i.e. the Students' Loan against any such risk for such amounts which the Board has approved and disbursed to me. In the event that any Student's Loan is granted and accepted by me, I agree to be bound by the rules, terms and conditions of the Board, and I undertake to sign all such documents as may be required to secure a Loan from the Board. I acknowledge liability for all costs that shall be incurred by the Board to recover its funds from me. The costs may include Administration fees, documents verification and Legal expenses that the Board may incur while pursuing the loan recovery. I further acknowledge that the commitments I have made in this application shall continue to bind me from now onwards until the entire loan is fully paid and I accept full responsibility and shall fully indemnify the Board.
11. I undertake to notify the Board or its successors or assignees in title of any change which materially changes any representation first above mentioned.
12. I, the Applicant, hereby consent to you, the Credit Provider: Receiving, compiling and retaining any confidential credit information about me for purposes of (i) assisting you perform your statutory assessment of my creditworthiness (ii) deciding whether to grant credit to me and (iii) monitoring my credit profile, should you grant me credit; Filing my consumer and business credit information with any other credit provider and, Compuscan a registered Credit Reference Bureau(CRB) who is licensed in terms of the Financial Institutions Credit Reference Bureau regulations of 2005 Sharing my consumer credit information with any tracing agent or Collection Company in the event I default in my credit repayment obligations to you.

I further hereby consent to the Credit Reference Bureau:

Providing you with a credit report which you may rely on (i) to assess my creditworthiness and (ii) to base your decision whether to grant credit to me; Accepting the filling of my consumer credit information from any credit provider; Issuing a report to any person who requires it for lawful purposes.

My signature hereto signifies my consent as aforesaid and my agreement to hold you and credit bureau and other credit provider to whom you may provide my consumer credit information in terms of my aforesaid consent harmless against any and all liability, loss, claim, demand, cost, fees and expenses and arising out of or from or in connection with my aforesaid consent.

4.3 Recommendations (Please ensure that all authorities below complete the form accordingly)

Official (Please Insert Name & Signature)	Recommendation / Not Recommended	Official Stamp
Local Council – I *		
Head Teacher of previous School / Institution attended *		
Sub County Chief / Town Clerk *		

*Please note that fields marked * are mandatory, and only fully completed loan application forms shall be processed.*

4.4 Applicants' Check List (Cross Check whether all required information is attached. Tick Appropriate)

1. 3 passport size photos *
2. Copy of applicant's National ID and or any other ID
3. Copy of institution's admission letter *
4. Copy of fees structure *
5. Copy of Parent's / Guardian's National ID and or any other ID
6. Copy or Copies of death certificate(s) if orphaned or LC1 Chairperson's Confirmation
7. Copy of UCE, UACE and Certificate/Diploma result slip *
8. Copies of father's/Mother's payslips (Where applicable)
9. Copy of Financial Card (Where applicable)
10. Sketch map to applicants home of origin *
11. Copy of Birth Certificate *
12. Copy of Disability from Specialist (Where applicable)
13. Applicant to sign each and every page of this document *
14. Copy of Bank Payment Receipt *
15. Recommendation (page 11 of 12) *

4.5 Declarations By Applicant

I hereby declare that the above information is true, and that I am aware that making false statements on this form is an offence punishable by law. I further declare that I clearly understand that this is a Loan which shall be repaid.

Name * :

Signature * :

Date * :

Telephone Contact * :

Email :

NOTE: Please submit your fully filled application form together with the evidence of payment of the application fee to any Centenary Bank Branch.