



STUDENTS LOAN TRUST FUND

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Form No.

2014 / 15 /

Affix Photo
Here
(Please write
your name
behind the photo)

LOAN APPLICATION FORM 2014/15 ACADEMIC YEAR

SECTION A: APPLICANT INFORMATION

Personal Details

LEGAL NOTICE

"Note that whatever information you provide in your loan application would be used in assessing your financial needs. It is in your best interest to provide accurate information in the course of filling this application. However, you are liable and may be prosecuted, if found to have provided any false information with regards to your loan application".
Please, sign if you agree to the above.

Signature of New Applicant:.....

DD MM YYYY
Day Month Year

Complete all questions using **BLOCK/CAPITAL** letters only and in **BLACK INK**

NB: All blanks allowed-use N/A where necessary

You are required to fill all the fields except those labelled *optional* which are not mandatory. Please note that, your loan application will not be processed if you leave any mandatory question unanswered.

Student ID	SSNIT/Reference No.
National Health Insurance No.	National Identification No. (Optional)
E-zwich No.	E-zwich Account Name (Name used to acquire E-zwich card)
E-mail	

Mobile No.

Please provide number registered in your name only

Surname	Firstname	Middlename (optional)
Date of Birth	Sex	Marital Status (Pls select only <u>one</u> response)
DD MM YYYY Day Month Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Never Married

Place of Birth

(Village / Town / City)

Permanent Residential Address (Where you normally reside, Where you call Home.)

eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra (Do not provide a Post Office Box number)

Region of Birth

- ☐ Central ☐ Greater Accra ☐ Ashanti
☐ Brong-Ahafo ☐ Western ☐ Eastern
☐ Upper East ☐ Volta ☐ Northern
☐ Upper West ☐ International

District of Birth

Locality of Birth

- ☐ Regional Capital
☐ Urban
☐ Rural

Postal Address (To which correspondence regarding this application should be sent) (Do not use your institution's postal address)

What is the highest level of education that you have completed and have a certificate for?

- ☐ Diploma ☐ Degree ☐ Professional ☐ Technical/Vocational/ Commercial
☐ Training College ☐ Advanced Level ☐ Secondary/SHS/SSS

Please indicate whether any of your parent is deceased? (Please provide evidence/proof as a supporting document)

- ☐ None ☐ Mother Only
☐ Father Only ☐ Both Mother & Father

At what stage of your education did either parent or both parents become deceased?

(Please provide evidence)

- ☐ Before Basic School ☐ Whilst in Basic School ☐ Whilst in Secondary School ☐ After Secondary School



HOUSING

HOUSING INFORMATION ON APPLICANT'S HOUSEHOLD

A household implies a person or group of people occupying same dwelling and sharing one common unit, sleeping or eating arrangements. It refers to all individuals who live in the same dwelling or house with you e.g. your parents and siblings. It does not include other tenants and relatives who are living in different buildings within the same compound even if they share the same bathroom or toilet facility within the compound.

Whom do you live with whiles at home?

(Please select only one response)

- | | |
|---|---|
| <input type="checkbox"/> Live Alone | <input type="checkbox"/> Father Alone |
| <input type="checkbox"/> Father & Mother | <input type="checkbox"/> Father & Step Mother |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Mother Alone |
| <input type="checkbox"/> Some Other Relative / Friend | <input type="checkbox"/> Mother & Step Father |
| | <input type="checkbox"/> Spouse |

What type of house do you permanently live in?

(Please select only one response)

- | | |
|--|---|
| <input type="checkbox"/> 4+ Bedroom Apartment | <input type="checkbox"/> 2/3 Bedroom Detached |
| <input type="checkbox"/> 2/3 Bedroom Semi-Detached | <input type="checkbox"/> Chamber & Hall |
| <input type="checkbox"/> Compound House | <input type="checkbox"/> Single room |
| <input type="checkbox"/> Mud / Swish House | |

Who owns the house your household occupies?

(Please select only one response)

- | | |
|--|--|
| <input type="checkbox"/> Own House | <input type="checkbox"/> Family House (With rent) |
| <input type="checkbox"/> Rented House | <input type="checkbox"/> Family House (Without rent) |
| <input type="checkbox"/> Caretaker | <input type="checkbox"/> Squatting |
| <input type="checkbox"/> Official Residence (Without rent) | |

If rented, who pays the rent for the house your household occupies?

(Please select only one response)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Both Parents |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father | |

Region of Permanent Residence

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Central | <input type="checkbox"/> Greater Accra | <input type="checkbox"/> Ashanti |
| <input type="checkbox"/> Brong-Ahafo | <input type="checkbox"/> Western | <input type="checkbox"/> Eastern |
| <input type="checkbox"/> Upper East | <input type="checkbox"/> Volta | <input type="checkbox"/> Northern |
| <input type="checkbox"/> Upper West | | |

District of Permanent Residence

Locality of Permanent Residence

- | |
|---|
| <input type="checkbox"/> Regional Capital |
| <input type="checkbox"/> Urban |
| <input type="checkbox"/> Rural |

Does the household have electricity?

- ☐ Yes ☐ No

What is the main material of the roof of the house?

(Please select only one response)

- | | |
|--|--|
| <input type="checkbox"/> Roofing Tiles | <input type="checkbox"/> Asbestos/Slate |
| <input type="checkbox"/> Cement / Concrete | <input type="checkbox"/> Metal Sheets/ Shingles |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Cardboard/ Polythene sheets |
| <input type="checkbox"/> Palm/ Bamboo | <input type="checkbox"/> Thatch/ Raffia |
| <input type="checkbox"/> Mud/ Earth | |

What is the main material of the exterior walls of the house?

(Please select only one response)

- | | |
|---|---|
| <input type="checkbox"/> Burnt Bricks | <input type="checkbox"/> Cement/Sandcrete |
| <input type="checkbox"/> Stone with Lime/ Cement | <input type="checkbox"/> Metal Sheets/ Shingles |
| <input type="checkbox"/> Plywood | <input type="checkbox"/> Stone with Mud/ Clay |
| <input type="checkbox"/> Wood Planks/ Re-used wood | <input type="checkbox"/> Cardboard |
| <input type="checkbox"/> Cane/ Palm/ Trunks/ Bamboo | <input type="checkbox"/> Mud/ Mud Bricks |

What is the main construction material used for the floor of the house?

(Please select only one response)

- | | |
|---|---|
| <input type="checkbox"/> Ceramic/ Porcelain/ Marble Tiles | <input type="checkbox"/> Terrazzo |
| <input type="checkbox"/> Vinyl Tiles | <input type="checkbox"/> Burnt Bricks |
| <input type="checkbox"/> Cement/Concrete | <input type="checkbox"/> Polished wood |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Wood Planks |
| <input type="checkbox"/> Palm/ Bamboo | <input type="checkbox"/> Earth/Sand/Mud/ Mud Bricks |

What kind of toilet facility does your household use?

(Please select only one response)

- | | |
|--|---|
| <input type="checkbox"/> Flush toilet | <input type="checkbox"/> Public Toilet (Paid) |
| <input type="checkbox"/> Covered Pit Latrine (VIP/ KVIP) | <input type="checkbox"/> Public Toilet (Unpaid) |
| <input type="checkbox"/> Uncovered Pit Latrine | <input type="checkbox"/> Pan/ Bucket |
| <input type="checkbox"/> Composting Toilet | <input type="checkbox"/> Free Range (No facility, Bush, Field, Beach) |

What is the main fuel used for cooking in your home?

(Please select only one response)

- | | |
|--|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Liquefied Petroleum Gas (LPG) |
| <input type="checkbox"/> Biogas | <input type="checkbox"/> Kerosene/ Oil |
| <input type="checkbox"/> Charcoal | <input type="checkbox"/> Wood/ Firewood |
| <input type="checkbox"/> Animal Waste | <input type="checkbox"/> Sawdust/Crop Stock/ Millet Stock/Grass/Straw |
| <input type="checkbox"/> Grass / Straw | |

What type of transport is most often used by your household?

(Please select only one response)

- | | |
|---|---|
| <input type="checkbox"/> Private Personal Car | <input type="checkbox"/> Official Car |
| <input type="checkbox"/> Motor Cycle/ Bicycle | <input type="checkbox"/> Public Transport |

What is the main fuel used for lightning in your home?

(Please select only one response)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Generator | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Liquefied Petroleum Gas (LPG) | <input type="checkbox"/> Solar Energy |
| <input type="checkbox"/> Car Battery | <input type="checkbox"/> Torchlight |
| <input type="checkbox"/> Kerosene/ Parafin | <input type="checkbox"/> Candles |
| <input type="checkbox"/> Wood/ Firewood | <input type="checkbox"/> Sawdust |
| <input type="checkbox"/> Grass /Straw | |

What is the main source of drinking water used by members of your household?

(Please select only one response)

- | | |
|---|---|
| <input type="checkbox"/> Bottled Water | <input type="checkbox"/> Sachet Water |
| <input type="checkbox"/> Vendor/Truck | <input type="checkbox"/> Pipe Borne Water |
| <input type="checkbox"/> Public Outdoor Tap/ Stand Pipe | <input type="checkbox"/> Borehole |
| <input type="checkbox"/> Protected well | |
| <input type="checkbox"/> Unprotected Well/ Rainwater Collection | |
| <input type="checkbox"/> River/ Stream/Spring/ Lake/ Pond / Canal | |

How does your household dispose-off refuse? (Please select only one response)

- | | | | | | |
|------------------------------------|--|--------------------------------------|--|--|--|
| <input type="checkbox"/> Collected | <input type="checkbox"/> Paid (Dumped Elsewhere) | <input type="checkbox"/> Public Dump | <input type="checkbox"/> Buried by household | <input type="checkbox"/> Burned by household | <input type="checkbox"/> Unpaid (Dumped Elsewhere) |
|------------------------------------|--|--------------------------------------|--|--|--|



SECTION B: SOCIO-ECONOMIC CHARACTERISTICS

Applicant's Current Employment Details											
Please provide details of your current employment status.											
Employment Status <small>(Please select only <u>one</u> response)</small>				Employer <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>				Occupation <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>			
<div><input type="checkbox"/> Employed (Part Time)</div> <div><input type="checkbox"/> Employed (Full Time)</div> <div><input type="checkbox"/> Unemployed</div> <div>If currently employed (employed part time / employed full time) please complete the fields below, otherwise proceed to applicant's disabilities</div>				<div><input type="checkbox"/> Multinational</div> <div><input type="checkbox"/> Self Employment</div> <div><input type="checkbox"/> Private Sector</div> <div><input type="checkbox"/> Government</div>				<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>			
Name of Employer <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>				Address of Employer <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>							
<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>				<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>							
Employment Start Date <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>											
<div><div><div>DD</div><div>Day</div></div><div><div>MM</div><div>Month</div></div><div><div>YYYY</div><div>Year</div></div></div>											
Region of Employment <small>(Please select only <u>one</u> response)</small> <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>				District of Employment <small>(Strictly for applicant's who tick employed part time / employedfull time))</small>				Locality of Employment <small>(Strictly for applicant's who tick employed part time / employedfull time))</small> <small>(Pls select only <u>one</u> response)</small>			
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>				<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>				<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>			
Applicant's Disabilities											
Do you have any form of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes what is the nature of the disability?											
Disability <small>(Pls select only <u>one</u> response)</small>				Level (Percentage)				How long have you been disabled?			
<div><div><input type="checkbox"/> Visual Impairment</div><div><input type="checkbox"/> Physical Disability</div><div><input type="checkbox"/> Hearing</div><div><input type="checkbox"/> Speech</div><div><input type="checkbox"/> Other <small>(Please specify)</small></div></div>				<div><div><div></div><div></div><div></div><div>%</div></div><div><div></div><div></div><div></div><div>%</div></div><div><div></div><div></div><div></div><div>%</div></div><div><div></div><div></div><div></div><div>%</div></div><div><div></div><div></div><div></div><div>%</div></div></div>				<div><div><div><div></div><div></div></div><div>DAY(S)</div></div><div><div><div></div><div></div></div><div>WEEK(S)</div></div><div><div><div></div><div></div></div><div>MONTH(S)</div></div><div><div><div></div><div></div></div><div>YEAR(S)</div></div></div> <div><div><div></div><div></div></div><div>DAY(S)</div></div> <div><div><div></div><div></div></div><div>WEEK(S)</div></div> <div><div><div></div><div></div></div><div>MONTH(S)</div></div> <div><div><div></div><div></div></div><div>YEAR(S)</div></div>			

DAY(S)

WEEK(S)

MONTH(S)

YEAR(S)

DAY(S)

WEEK(S)

MONTH(S)

YEAR(S)

DAY(S)

WEEK(S)

MONTH(S)

YEAR(S)



APPLICANT'S PREVIOUS EMPLOYMENT DETAILS (If Any)

[illegible][illegible][illegible]

SECTION C: APPLICANT'S EDUCATIONAL BACKGROUND

CURRENT TERTIARY INSTITUTION DETAILS

Please provide details of your current tertiary institution you currently study at.

In which region is your campus located? <i>(Please select only <u>one</u> response)</i>	Name of Tertiary Institution
<input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Eastern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West <input type="checkbox"/> Northern <input type="checkbox"/> Greater Accra	<div style="border: 1px solid black; height: 60px;"></div>

What is your course of study/faculty? <i>(Please select only <u>one</u> response)</i>	What is your program of study?
<input type="checkbox"/> Social Science / Business <input type="checkbox"/> Engineering <input type="checkbox"/> Arts <input type="checkbox"/> Catering / Fashion Design <input type="checkbox"/> Agric <input type="checkbox"/> Medicine <input type="checkbox"/> Other Sciences	<div style="border: 1px solid black; height: 60px;"></div>

At what level did you enter the Institution? <i>(Please select only <u>one</u> response)</i>	What is your current level of study? <i>(Please select only <u>one</u> response)</i>
<input type="checkbox"/> Level 100 <input type="checkbox"/> Level 200 <input type="checkbox"/> Level 300 <input type="checkbox"/> Level 400 <input type="checkbox"/> Level 500 <input type="checkbox"/> Level 600	<input type="checkbox"/> Level 100 <input type="checkbox"/> Level 200 <input type="checkbox"/> Level 300 <input type="checkbox"/> Level 400 <input type="checkbox"/> Level 500 <input type="checkbox"/> Level 600

Enrolment Year (YYYY)	Completion Year (YYYY)
<div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div>Year</div>	<div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div>Year</div>

Who is responsible for your fees? <i>(Please select only <u>one</u> response)</i>	Who is responsible for your upkeep in school? <i>(Please select only <u>one</u> response)</i>
<input type="checkbox"/> Both Parents <input type="checkbox"/> Father	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
<input type="checkbox"/> Other Relative <input type="checkbox"/> Self	<input type="checkbox"/> Other Relative <input type="checkbox"/> Self

Accommodation Status	
(Please select only <u>one</u> response)	
<input type="checkbox"/>	Institution Provided (University, Polytechnic, College of Education)
<input type="checkbox"/>	Private Owned Hostel (On Campus)
<input type="checkbox"/>	Other Privately Owned Housing (Outside Campus)
<input type="checkbox"/>	Commuting From Home



APPLICANT'S PREVIOUS EDUCATION

(Please provide details of your previous school attended in sequential / chronological order.
Details on your primary school, Junior High School and Secondary School are required.

1	In which Region is the school located	In which district is the school located	Name of School	Who was responsible for your fees?	Who was responsible for your upkeep in school?
PRIMARY SCHOOL	<div><input type="checkbox"/> International <input type="checkbox"/> Greater Accra</div> <div><input type="checkbox"/> Central <input type="checkbox"/> Western</div> <div><input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta</div> <div><input type="checkbox"/> Upper East <input type="checkbox"/> Upper West</div> <div><input type="checkbox"/> Ashanti <input type="checkbox"/> Eastern</div> <div><input type="checkbox"/> Northern</div>	<div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div>		



SECTION D: FATHER'S INFORMATION

FATHER'S PERSONAL DETAILS									
(IF YOUR FATHER IS DECEASED, SKIP ALL INFORMATION RELATED TO FATHER ON THIS PAGE)									
Voter ID No. (Optional)									
<div></div>									
SSNIT No. (If applicable)			National Health Insurance No. (Optional)				National Identification No. (Optional)		
<div></div>			<div></div>				<div></div>		
Surname			Firstname				Middlename (optional)		
<div></div>			<div></div>				<div></div>		
Phone Number <small>Please provide number registered in your father's name <u>only</u></small>			Postal Address				Permanent Residential Address <small>(Where your father normally reside)(Do not provide a Post Office Box number) (eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra</small>		
<div></div>			<div></div>				<div></div>		
Date of Birth			Place of Birth (Village / Town / City)						
<div></div> <div>Day</div> <div></div> <div>Month</div> <div></div> <div>Year</div> <div></div>			<div></div>						
Region of Birth <small>(Please select only <u>one</u> response)</small>			District of Birth				Locality of Birth <small>(Please select only <u>one</u> response)</small>		
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>			<div></div>				<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>		
Region of Residence <small>(Please select only <u>one</u> response)</small>			District of Residence				Locality of Residence <small>(Please select only <u>one</u> response)</small>		
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>			<div></div>				<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>		
What is the highest level of education that your father has completed and has a certificate for? <small>(Please select only <u>one</u> response)</small>									
<div><div><input type="checkbox"/> Middle /JHS/JSS</div><div><input type="checkbox"/> Secondary/SHS/SSS</div><div><input type="checkbox"/> Primary</div><div><input type="checkbox"/> Tertiary</div></div>					<div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training)</div><div><input type="checkbox"/> Technical/Vocational/ Commercial</div></div>				

FATHER'S INFORMATION

(IF YOUR FATHER IS DECEASED, SKIP ALL INFORMATION RELATED TO FATHER ON THIS PAGE)

FATHER'S CURRENT EMPLOYMENT DETAILS

Please provide details of your father's current employment status

Employment Status <small>(Strictly for applicant's who tick employed part time / employed full time for father) (Pls select only one response)</small>	Employer <small>(Strictly for applicant's who tick employed part time / employed full time for father) (Pls select only one response)</small>	Occupation <small>(Strictly for applicant's who tick employed part time / employed full time for father)</small>
<div><input type="checkbox"/> Employed (Part time)</div> <div><input type="checkbox"/> Employed (Full Time)</div> <div><input type="checkbox"/> Retired</div> <div><input type="checkbox"/> Unemployed</div>	<div><input type="checkbox"/> Multinational</div> <div><input type="checkbox"/> Self Employment</div> <div><input type="checkbox"/> Private Sector</div> <div><input type="checkbox"/> Government</div> <div><input type="checkbox"/> None</div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
Name of Employer <small>(Strictly for applicant's who tick employed part time / employed full time for father)</small>	Address of Employer <small>(Strictly for applicant's who tick employed part time / employed full time for father)</small>	Employment Start Date <small>(Strictly for applicant's who tick employed part time / employed full time for father)</small>
<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div>DD</div><div>Day</div></div><div><div>MM</div><div>Month</div></div><div><div>YYYY</div><div>Year</div></div></div>
Region of Employment <small>(Strictly for applicant's who tick employed part time / employed full time for father) (Please select only one response)</small>	District of Employment	Locality of Employment <small>(Strictly for applicant's who tick employed part time / employed full time for father) (Please select only one response)</small>
<div><div><input type="checkbox"/> Central<input type="checkbox"/> Brong-Ahafo<input type="checkbox"/> Upper East<input type="checkbox"/> Greater Accra</div><div><div><input type="checkbox"/> Western<input type="checkbox"/> Volta<input type="checkbox"/> Upper West<input type="checkbox"/> International</div><div><div><input type="checkbox"/> Ashanti<input type="checkbox"/> Eastern<input type="checkbox"/> Northern</div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><input type="checkbox"/> Regional Capital<input type="checkbox"/> Urban<input type="checkbox"/> Rural</div></div>

Father's Disabilities

Has your father any form of disability? ☐ Yes ☐ No

If yes what is the nature of the disability?

Disability <small>(Please select only one response)</small>	Level (Percentage)	How long has your father been disabled?
<div><input type="checkbox"/> Visual Impairment</div> <div><input type="checkbox"/> Physical Disability</div> <div><input type="checkbox"/> Hearing</div> <div><input type="checkbox"/> Speech</div> <div><input type="checkbox"/> Other <small>(Please specify)</small></div>	<div><div><div></div><div></div><div></div></div> %</div> <div><div><div></div><div></div><div></div></div> %</div> <div><div><div></div><div></div><div></div></div> %</div> <div><div><div></div><div></div><div></div></div> %</div> <div><div><div></div><div></div><div></div></div> %</div>	<div><div><div></div><div></div></div><div>DAY(S)</div></div> <div><div><div></div><div></div></div><div>WEEK(S)</div></div> <div><div><div></div><div></div></div><div>MONTH(S)</div></div> <div><div><div></div><div></div></div><div>YEAR(S)</div></div>



SECTION E: MOTHERS INFORMATION

MOTHER'S PERSONAL DETAILS

(IF YOUR MOTHER IS DECEASED, SKIP ALL INFORMATION RELATED TO MOTHER ON THIS PAGE)

Voter ID No. <i>(Optional)</i>																																			
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																																			
SSNIT No. <i>(If applicable)</i>												National Health Insurance No. <i>(Optional)</i>												National Identification No. <i>(Optional)</i>											
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>											
Surname												Firstname												Middlename <i>(optional)</i>											
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>											
Phone Number <i>Please provide number registered in your mother's name <u>only</u></i>												Postal Address												Permanent Residential Address <small>(Where your mother normally reside)(Do not provide a Post Office Box number) (eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra)</small>											
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>											
Date of Birth												Place of Birth <i>(Village / Town / City)</i>																							
<div><div><div>DD</div><div>Day</div></div><div><div>MM</div><div>Month</div></div><div><div>YYYY</div><div>Year</div></div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																							
Region of Birth <i>(Please select only <u>one</u> response)</i>												District of Birth												Locality of Birth <i>(Please select only <u>one</u> response)</i>											
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>											
Region of Residence <i>(Please select only <u>one</u> response)</i>												District of Residence												Locality of Residence <i>(Please select only <u>one</u> response)</i>											
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>												<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>												<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>											
What is the highest level of education that your mother has completed and has a certificate for? <i>(Please select only <u>one</u> response)</i>																																			
<div><div><input type="checkbox"/> Middle /JHS/JSS</div><div><input type="checkbox"/> Secondary/SHS/SSS</div><div><input type="checkbox"/> Primary</div><div><input type="checkbox"/> Tertiary</div></div>																		<div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training)</div><div><input type="checkbox"/> Technical/Vocational/ Commercial</div></div>																	



MOTHER'S INFORMATION

(IF YOUR MOTHER IS DECEASED, SKIP ALL INFORMATION RELATED TO MOTHER ON THIS PAGE)

MOTHER'S CURRENT EMPLOYMENT DETAILS

Please provide details of your mother's current employment status

Employment Status

(Strictly for applicant's who tick employed part time / employed full time for mother)
(Pls select only one response)

- ☐ Employed (Part time)
☐ Employed (Full Time)
☐ Retired
☐ Unemployed

Employer

(Strictly for applicant's who tick employed part time / employed full time for mother)
(Pls select only one response)

- ☐ Multinational
☐ Self Employment
☐ Private Sector
☐ Government
☐ None

Occupation

(Strictly for applicant's who tick employed part time / employed full time for mother)

Name of Employer

(Strictly for applicant's who tick employed part time / employed full time for mother)

Address of Employer

(Strictly for applicant's who tick employed part time / employed full time for mother)

Employment Start Date

(Strictly for applicant's who tick employed part time / employed full time for mother)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Region of Employment

(Strictly for applicant's who tick employed part time / employed full time for mother)
(Please select only one response)

- ☐ Central ☐ Western ☐ Ashanti
☐ Brong-Ahafo ☐ Volta ☐ Eastern
☐ Upper East ☐ Upper West ☐ Northern
☐ Greater Accra ☐ International

District of Employment

Locality of Employment

(Strictly for applicant's who tick employed part time / employed full time for mother)
(Please select only one response)

- ☐ Regional Capital
☐ Urban
☐ Rural

Mother's Disabilities

Has your mother any form of disability? ☐ Yes ☐ No

If yes what is the nature of the disability?

Disability

(Please select only one response)

- ☐ Visual Impairment
☐ Physical Disability
☐ Hearing
☐ Speech
☐ Other (Please specify)

Level (Percentage)

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	%

How long has your mother been disabled?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY(S)		WEEK(S)		MONTH(S)		YEAR(S)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY(S)		WEEK(S)		MONTH(S)		YEAR(S)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY(S)		WEEK(S)		MONTH(S)		YEAR(S)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY(S)		WEEK(S)		MONTH(S)		YEAR(S)	



EMPLOYMENT INFORMATION

MOTHER'S PREVIOUS EMPLOYMENT DETAILS

(IF YOUR MOTHER IS DECEASED, SKIP ALL INFORMATION RELATED TO MOTHER ON THIS PAGE)
(Add your mother's previous employment details in the last three years in the formal/informal sectors in a sequential order as may be applicable. If your mother has ever been employed in the past)

1	Title of Job	Average Income Per Month (GH¢)	Name of Organisation/ Workplace	Region of Organisation	District of Organisation	Locality of Organisation
	<div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>Start Date</div><div><div><div>DD</div><div>MM</div><div>YY</div></div><div><div>YY</div><div>YY</div><div>YY</div></div></div><div><div>Day</div><div>Month</div><div>Year</div></div></div><div><div><div>DD</div><div>MM</div><div>YY</div></div><div><div>YY</div><div>YY</div><div>YY</div></div></div><div><div>End Date</div><div><div><div>DD</div><div>MM</div><div>YY</div></div><div><div>YY</div><div>YY</div><div>YY</div></div></div><div><div>Day</div><div>Month</div><div>Year</div></div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div></div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div></div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div></div> <div><input type="checkbox"/> Upper East</div> <div><input type="checkbox"/> Upper West</div>		

☐ Ashanti☐ Eastern☐ Northern

SECTION F: GUARDIAN'S INFORMATION

(1) GUARDIAN'S PERSONAL DETAILS

(PLS SKIP THIS PAGE IF YOU DO NOT HAVE A GUARDIAN)

Voter ID No. <i>(Optional)</i>		Relationship to Guardian <i>(How are you related to your guardian) (Pls select only <u>one</u> response)</i>	
<div></div>		<input type="checkbox"/> Brother <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Sister	
SSNIT No. <i>(If applicable)</i>		National Health Insurance No. <i>(Optional)</i>	National Identification No. <i>(Optional)</i>
<div></div>		<div></div>	<div></div>
Surname		Firstname	Middlename <i>(optional)</i>
<div></div>		<div></div>	<div></div>
Phone Number <i>Please provide number registered in your guardian's name only</i>		Postal Address	
<div></div>		<div></div>	
Date of Birth		Place of Birth <i>(Village / Town / City)</i>	
<div><div>DD</div>Day<div>MM</div>Month<div>YYYY</div>Year</div>		<div></div>	
Region of Birth <i>(Pls select only <u>one</u> response)</i>		District of Birth	
<div><input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West</div>		<div></div>	
Region of Residence <i>(Pls select only <u>one</u> response)</i>		Locality of Birth <i>(Pls select only <u>one</u> response)</i>	
<div><input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West</div>		<div><input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/></div>	
Region of Residence <i>(Pls select only <u>one</u> response)</i>		Locality of Residence <i>(Pls select only <u>one</u> response)</i>	
<div><input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West</div>		<div><input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural</div>	
What is the highest level of education that your Guardian has completed and has a certificate for? <i>(Pls select only <u>one</u> response)</i>			
<div><input type="checkbox"/> Middle /JHS/JSS <input type="checkbox"/> None <input type="checkbox"/> Secondary/SHS/SSS <input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training) <input type="checkbox"/> Primary <input type="checkbox"/> Technical/Vocational/ Commercial <input type="checkbox"/> Tertiary</div>			

(2) GUARDIAN'S CURRENT EMPLOYMENT DETAILS

Employment Status <i>(Strictly for applicant's who tick employed part time / employed full time for guardian) (Pls select only <u>one</u> response)</i>		Employer <i>(Strictly for applicant's who tick employed part time / employed full time for guardian) (Pls select only <u>one</u> response)</i>		Occupation <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>	
<div><input type="checkbox"/> Employed (Part time) <input type="checkbox"/> Employed (Full Time) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed</div>		<div><input type="checkbox"/> Multinational <input type="checkbox"/> Government <input type="checkbox"/> Self Employment <input type="checkbox"/> None <input type="checkbox"/> Private Sector</div>		<div></div>	
Name of Employer <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>		Address of Employer <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>		Employment Start Date <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>	
<div></div>		<div></div>		<div><div>DD</div>Day<div>MM</div>Month<div>YYYY</div>Year</div>	
Region of Employment <i>(Pls select only <u>one</u> response) (Strictly for applicant's who tick employed part time / employed full time for guardian)</i>		District of Employment		Locality of Employment <i>(Pls select only <u>one</u> response) (Strictly for applicant's who tick employed part time / employed full time for guardian)</i>	
<div><input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West</div>		<div></div>		<div><input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural</div>	



SECTION G: SPOUSE'S INFORMATION

(1) SPOUSE'S PERSONAL DETAILS

(PLEASE SKIP IF YOU ARE UNMARRIED)

Voter ID No. (Optional)		
<div></div>		
SSNIT No. (If applicable)	National Health Insurance No. (Optional)	National Identification No. (Optional)
<div></div>	<div></div>	<div></div>
Surname	Firstname	Middlename (optional)
<div></div>	<div></div>	<div></div>
Phone Number <small>Please provide numbers registered in your spouse's name only.</small>	Postal Address	Permanent Residential Address <small>(Where your spouse normally reside)(Do not provide a Post Office Box number) (eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra)</small>
<div></div>	<div></div>	<div></div>
Date of Birth	Place of Birth (Village / Town / City)	
<div><div>DD</div>Day<div>MM</div>Month<div>YYYY</div>Year</div>	<div></div>	
Region of Birth (Pls select only one response)	District of Birth	Locality of Birth (Pls select only one response)
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>	<div></div>	<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>
Region of Residence (Pls select only one response)	District of Residence	Locality of Residence (Pls select only one response)
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>	<div></div>	<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>
What is the highest level of education that your Spouse has completed and has a certificate for? (Pls select only one response)		
<div><div><input type="checkbox"/> Middle /JHS/JSS</div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> Tertiary</div><div><input type="checkbox"/> Secondary/SHS/SSS</div><div><input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training)</div><div><input type="checkbox"/> Primary</div><div><input type="checkbox"/> Technical/Vocational/ Commercial</div></div>		

(2) SPOUSE'S CURRENT EMPLOYMENT DETAILS

(PLEASE SKIP IF YOU ARE UNMARRIED)

Employment Status <small>(Strictly for applicant's who tick employed part time / employed full time for spouse) (Pls select only one response)</small>	Employer <small>(Strictly for applicant's who tick employed part time / employed full time for spouse) (Pls select only one response)</small>	Occupation <small>(Strictly for applicant's who tick employed part time / employed full time for spouse)</small>
<div><div><input type="checkbox"/> Working Part time</div><div><input type="checkbox"/> Employed Full Time</div><div><input type="checkbox"/> Retired</div><div><input type="checkbox"/> Unemployed</div></div>	<div><div><input type="checkbox"/> Multinational</div><div><input type="checkbox"/> Self Employment</div><div><input type="checkbox"/> Private Sector</div><div><input type="checkbox"/> Government</div><div><input type="checkbox"/> None</div></div>	<div></div>
Name of Employer <small>(Strictly for applicant's who tick employed part time / employed full time for spouse)</small>	Address of Employer <small>(Strictly for applicant's who tick employed part time / employed full time for spouse)</small>	Employment Start Date <small>(Strictly for applicant's who tick employed part time / employed full time for spouse)</small>
<div></div>	<div></div>	<div><div>DD</div>Day<div>MM</div>Month<div>YYYY</div>Year</div>
Region of Employment <small>(Strictly for applicant's who tick employed part time / employed full time for spouse) (Pls select only one response)</small>	District of Employment	Locality of Employment <small>(Strictly for applicant's who tick employed part time / employed full time for spouse) (Pls select only one response)</small>
<div><div><input type="checkbox"/> International</div><div><input type="checkbox"/> Greater Accra</div><div><input type="checkbox"/> Ashanti</div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Western</div><div><input type="checkbox"/> Eastern</div><div><input type="checkbox"/> Brong-Ahafo</div><div><input type="checkbox"/> Volta</div><div><input type="checkbox"/> Northern</div><div><input type="checkbox"/> Upper East</div><div><input type="checkbox"/> Upper West</div></div>	<div></div>	<div><div><input type="checkbox"/> Regional Capital</div><div><input type="checkbox"/> Urban</div><div><input type="checkbox"/> Rural</div></div>

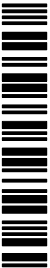


EMPLOYMENT INFORMATION

SPOUSE'S PREVIOUS EMPLOYMENT DETAILS

(Add your spouse's previous employment details in the last three years in the formal/informal sectors in a sequential order as may be applicable. If your spouse has ever been employed in the past)

1	Title of Job	Average Income Per Month (GH¢)	Name of Organisation/ Workplace	Region of Organisation	District of Organisation	Locality of Organisation
	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			



A household implies a person or group of people occupying same dwelling and sharing one common unit, sleeping or eating arrangements. It refers to all individuals who live in the same dwelling or house with you e.g. your parents and siblings. It does not include other tenants and relatives who are living in different buildings within the same compound even if they share the same bathroom or toilet facility within the compound.

HOUSEHOLD DEPENDANT(S) INFORMATION

(Please complete this page based on the number of dependant(s) in your household, if you have no dependant indicate N/A and move to the next page). **Complete extra sheets of this page if you have more than one dependant**

Please provide personal and disability details of your household dependant(s), if any, otherwise go to the next page. A household dependant is any person (child or adult) who is/are currently in school and/or who is/are being catered for in the household. *Please be informed that supporting documents such as birth certificate(s) will be required as evidence from applicants who indicated that, they had household dependants*

Name of Dependant(s)	Number of Dependant(s)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Relationship to Applicant <i>(Pls select only <u>one</u> response)</i>	
<input type="checkbox"/> Brother <input type="checkbox"/> Cousin <input type="checkbox"/> Daughter <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Sister <input type="checkbox"/> Son	
Date of Birth	Gender
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">DD</div> Day</div> <div style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">MM</div> Month</div> <div style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">YYYY</div> Year</div> </div>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is Dependant currently in school?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Region of School <i>(Pls select only <u>one</u> response)</i>	District of School
<input type="checkbox"/> Central <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Upper East <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper West	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Name of School	
<div style="border: 1px solid black; width: 100%; height: 40px;"></div>	
Educational Level of Dependant <i>(Pls select only <u>one</u> response)</i>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Middle /JHS/JSS <input type="checkbox"/> Secondary/SHS/SSS <input type="checkbox"/> Primary <input type="checkbox"/> Tertiary </div> <div> <input type="checkbox"/> None <input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training) <input type="checkbox"/> Technical/Vocational/ Commercial </div> </div>	
Do you have any form of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes what is the nature of the disability?	
Disability <i>(Pls select only <u>one</u> response)</i>	Level (Percentage)
<input type="checkbox"/> Visual Impairment	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> %
<input type="checkbox"/> Physical Disability	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> %
<input type="checkbox"/> Hearing	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> %
<input type="checkbox"/> Speech	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> %
<input type="checkbox"/> Other (<i>Please specify</i>)	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> %
How long has this disability lasted?	
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> DAY(S) <input type="checkbox"/> WEEK(S) <input type="checkbox"/> MONTH(S) <input type="checkbox"/> YEAR(S)
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> DAY(S) <input type="checkbox"/> WEEK(S) <input type="checkbox"/> MONTH(S) <input type="checkbox"/> YEAR(S)
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> DAY(S) <input type="checkbox"/> WEEK(S) <input type="checkbox"/> MONTH(S) <input type="checkbox"/> YEAR(S)
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> DAY(S) <input type="checkbox"/> WEEK(S) <input type="checkbox"/> MONTH(S) <input type="checkbox"/> YEAR(S)
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> DAY(S) <input type="checkbox"/> WEEK(S) <input type="checkbox"/> MONTH(S) <input type="checkbox"/> YEAR(S)

SECTION I: FINANCING AND COST OF EDUCATION

FINANCING AND COST OF EDUCATION

On the average, how much do you expect to spend on your tertiary education for this academic year?
Please select the appropriate option.

ACADEMIC FEES (AFUF, FEE PAYING,TUITION) FOR THIS ACADEMIC YEAR

- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

Residential/Accommodation/Rent while in school for this academic year?

(This is for only those who reside in Halls of Residence, Hostels and Rented Rooms etc.)

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

On the average, how much do you expect to spend on feeding this semester?

(Please select the appropriate option)

FEEDING

- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

On the average, how much do you expect to spend on transportation in a month?

(Please select the appropriate option)

TRANSPORTATION

- ☐ None
- ☐ Below GHC 10
- ☐ Between GHC 10 - 29
- ☐ Between GHC 30 - 49
- ☐ Between GHC 50 - 69
- ☐ Between GHC 70 - 90
- ☐ Above GHC 90

How much financial assistance do you expect from the following sources toward the funding of your education this academic year?

(Please select the appropriate option)

PARENTS/GUARDIAN

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

PERSONAL

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

BENEFACTOR

(A Benefactor is any organization or an individual who provides assistance or aid in any form to you apart from your father, mother or guardian)

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

OTHERS *(Please select only one response)*

(such as friends and well-wishers etc)

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

EMPLOYER

(Applicable only if you are currently working)

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

SPOUSE

(Applicable only if you indicated that you are married)

- ☐ None
- ☐ Below GHC 500
- ☐ Between GHC 500 - 699
- ☐ Between GHC 700 - 899
- ☐ Between GHC 900 - 1099
- ☐ Between GHC 1100 - 1299
- ☐ Between GHC 1300 - 1500
- ☐ Above GHC 1500

If you fall sick and have to go to hospital how would you pay for your medical expenses?

(Multiple responses possible)

- ☐ Self
- ☐ Parent
- ☐ Guardian
- ☐ Instituion
- ☐ NHIS
- ☐ Other

In the past twelve months how many times did you fall ill and had to go to the healthcare facility?

In the past twelve months how much did you spend on the average, each time you fell ill and had to go to visit the health facility?*(Pls select only one response)*

- ☐ None
- ☐ Below GHC 10
- ☐ Between GHC 10 - 39
- ☐ Between GHC 40 - 69
- ☐ Between GHC 70 - 100
- ☐ Above GHC 100



A household implies a person or group of people occupying same dwelling and sharing one common unit, sleeping or eating arrangements. It refers to all individuals who live in the same dwelling or house with you e.g. your parents and siblings. It does not include other tenants and relatives who are living in different buildings within the same compound even if they share the same bathroom or toilet facility within the compound.

Number of Houses owned	Size of Building Land owned (<i>Plots</i>)	Size of farm owned (<i>hectares</i>)
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

Please indicate from the list below the type(s) of livestock owned (*Multiple responses possible*)

☐ Poultry ☐ Cattle ☐ Sheep ☐ Goat ☐ Rabbit/Grass cutter ☐ Fowl ☐ Others

(Include items only if they are in working condition)

<input type="checkbox"/>	Electric Iron	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Television
<input type="checkbox"/>	Video Deck/DVD	<input type="checkbox"/>	Cassette Player/Radio	<input type="checkbox"/>	Stereo System
<input type="checkbox"/>	Personal Computer	<input type="checkbox"/>	Fixed Line	<input type="checkbox"/>	Mobile Phone
<input type="checkbox"/>	Mattress or Bed	<input type="checkbox"/>	Watch / Clock	<input type="checkbox"/>	Sewing Machine
<input type="checkbox"/>	Electric/Gas stove	<input type="checkbox"/>	Kerosene Stove	<input type="checkbox"/>	Fan
<input type="checkbox"/>	Sofa	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Motorcycle
<input type="checkbox"/>	Commercial Vehicle	<input type="checkbox"/>	Generator	<input type="checkbox"/>	Canoe/Boat
<input type="checkbox"/>	Shares / Treasury Bills / Bond	<input type="checkbox"/>	Insurance Policy		

A household implies a person or group of people occupying same dwelling and sharing one common unit, sleeping or eating arrangements. It refers to all individuals who live in the same dwelling or house with you e.g. your parents and siblings. It does not include other tenants and relatives who are living in different buildings within the same compound even if they share the same bathroom or toilet facility within the compound.

Region of House (Pls select only <u>one</u> response)	District of House	Locality of House (Pls select only <u>one</u> response)
--	-------------------	--

<input type="checkbox"/> Central	<input type="checkbox"/> Greater Accra	<input type="checkbox"/> Ashanti									<input type="checkbox"/> Regional Capital
<input type="checkbox"/> Brong-Ahafo	<input type="checkbox"/> Western	<input type="checkbox"/> Eastern									<input type="checkbox"/> Urban
<input type="checkbox"/> Upper East	<input type="checkbox"/> Volta	<input type="checkbox"/> Northern									<input type="checkbox"/> Rural
<input type="checkbox"/> Upper West											

Region of Land (Pls select only <u>one</u> response)	District of Land	Locality of Land (Pls select only <u>one</u> response)
---	------------------	---

<input type="checkbox"/> Central	<input type="checkbox"/> Greater Accra	<input type="checkbox"/> Ashanti	<input type="checkbox"/> Regional Capital
<input type="checkbox"/> Brong-Ahafo	<input type="checkbox"/> Western	<input type="checkbox"/> Eastern	<input type="checkbox"/> Urban
<input type="checkbox"/> Upper East	<input type="checkbox"/> Volta	<input type="checkbox"/> Northern	<input type="checkbox"/> Rural
<input type="checkbox"/> Upper West			

Region of Farm (Pls select only <u>one</u> response)	District of Farm	Locality of Farm (Pls select only <u>one</u> response)
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☐ Central
 ☐ Greater Accra
 ☐ Ashanti

☐ Brong-Ahafo
 ☐ Western
 ☐ Eastern

☐ Upper East
 ☐ Volta
 ☐ Northern

☐ Upper West

☐ Regional Capital
☐ Urban
☐ Rural

Region of Livestock <i>(Pls select only one response)</i>	District of Livestock	Locality of Livestock <i>(Pls select only one response)</i>
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<input type="checkbox"/> Central <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West	<input type="checkbox"/> Greater Accra <input type="checkbox"/> Western <input type="checkbox"/> Volta	<input type="checkbox"/> Ashanti <input type="checkbox"/> Eastern <input type="checkbox"/> Northern	<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural
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SECTION K: BENEFACTOR'S INFORMATION

(PLEASE SKIP THIS PAGE IF NOT APPLICABLE)

Please provide the details of any individual who provides assistance or aid in any form to you apart from your father, mother or guardian

(1) BENEFACTOR (INDIVIDUAL) DETAILS

(Please complete this page if your benefactor is an Individual)

Voter ID No.

(Optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SSNIT No. (If applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

National Health Insurance No.

(Optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

National Identification No.

(Optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

Firstname

Middlename (optional)

Phone Number

Please provide numbers registered in your benefactor's name(s) only

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address

Permanent Residential Address

(Where your benefactor normally reside) (Do not provide a Post Office Box number)

(eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra)

Date of Birth

DD

Day

MM

Month

YYYY

Year

Place of Birth (Village / Town / City)

Region of Birth

(Pls select only one response)

- ☐ International ☐ Greater Accra ☐ Ashanti
☐ Central ☐ Western ☐ Eastern
☐ Brong-Ahafo ☐ Volta ☐ Northern
☐ Upper East ☐ Upper West

District of Birth

Locality of Birth

(Pls select only one response)

- ☐ Regional Capital
☐ Urban
☐ Rural

Region of Residence

(Pls select only one response)

- ☐ International ☐ Greater Accra ☐ Ashanti
☐ Central ☐ Western ☐ Eastern
☐ Brong-Ahafo ☐ Volta ☐ Northern
☐ Upper East ☐ Upper West

District of Residence

Locality of Residence

(Pls select only one response)

- ☐ Regional Capital
☐ Urban
☐ Rural

What is the highest level of education that your benefactor has completed and has a certificate for?

(Pls select only one response)

- ☐ Middle /JHS/JSS ☐ None ☐ Tertiary
☐ Secondary/SHS/SSS ☐ Professional Training (eg. Teacher training , Nursing training)
☐ Primary ☐ Technical/Vocational/ Commercial

(2) BENEFACTOR (CORPORATE) DETAILS

(PLEASE SKIP THIS SECTION IF YOU HAVE AN INDIVIDUAL BENEFACTOR)

Please provide the details of any corporate body that provides assistance or aid in any form to you apart from your father, mother or guardian

Name of Organization

Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address

Email

Region of Location

(Pls select only one response)

- ☐ International ☐ Greater Accra ☐ Ashanti
☐ Central ☐ Western ☐ Eastern
☐ Brong-Ahafo ☐ Volta ☐ Northern
☐ Upper East ☐ Upper West

District of Location



Turn Over To Fill Applicable Agreement Forms

1. SSNIT Guarantor Deed of Agreement
2. Other Form of Guarantor Deed of Agreement
3. Student Loan Agreement Form



SSNIT FORMAL / SSNIT INFORMAL GUARANTOR INFORMATION

Voter ID No.
(Optional)

☐ Father ☐ Mother ☐ Guardian ☐ Other Relative

[illegible]

National Identification No.
(Optional)

[illegible][illegible][illegible]**Middlename** *(optional)*[illegible][illegible][illegible]

Permanent Residential Address

[illegible][illegible][illegible]

Name of Current Employer/Institution

Diagram illustrating the structure of a date: Day (DD), Month (MM), and Year (YYYY).

[illegible][illegible]

Locality of Birth

(Pls select only one response)

- ☐ Central
 ☐ Greater Accra
 ☐ Ashanti
☐ Brong-Ahafo
 ☐ Western
 ☐ Eastern
☐ Upper East
 ☐ Volta
 ☐ Northern
☐ Upper West
 ☐ International

[illegible]

- ☐ Regional Capital
☐ Urban
☐ Rural

Locality of Residence

Locality of Residence
(Pls select only one response)

- ☐ Central
 ☐ Greater Accra
 ☐ Ashanti
☐ Brong-Ahafo
 ☐ Western
 ☐ Eastern
☐ Upper East
 ☐ Volta
 ☐ Northern
☐ Upper West

[illegible]

- ☐ Regional Capital
☐ Urban
☐ Rural

(Pls select only one response)

- ☐ Middle /JHS/JSS
 ☐ None
 ☐ Tertiary
- ☐ Secondary/SHS/SSS
 ☐ Professional Training (eg. Teacher training , Nursing training)
- ☐ Primary
 ☐ Technical/Vocational/ Commercial

DEED OF AGREEMENT

This is to certify that I (also known as" the guarantor") hereby GUARANTEE to the Trust the payment of and undertake to pay the Trust all sums of money now or from time to time hereinafter advanced by the Trust to the borrower with interest thereon at rates agreed upon by the borrower and the Trust which interest shall be capitalized in the manner agreed upon by the borrower and the Trust due to the Trust from the borrower in addition to all legal and other charges.

Day

Month

Year

Right Thumb of Guarantor

Signature/ Thumbprint

SSNIT OFFICER'S STAMP, NAME AND SIGNATURE

Name:_____

Signature/Stamp:_____

FOR GOOD CONSIDERATION, and as a condition for SLTF, to grant a loan to

(Name of Student)

(the" Borrower and a student") It is hereby agreed that the Guarantor does hereby guarantee to Lender the prompt, punctual and full payment of all monies now or hereinafter due Lender from Borrower upon default of the borrower whether the borrower is notified of his/her default or not.

TERMS

- A. Until termination, this guaranty is unlimited as to amount or duration and shall remain in full force and effect notwithstanding any extension, compromise, adjustment, forbearance, waiver, release or discharge of any party obligor or guarantor, or release in whole or in part of any security granted for said indebtedness or compromise or adjustment thereto, and the Guarantor waives all notices thereto.
- B. The obligations of the Guarantor shall be at the election of Lender be primary and not necessarily secondary and SLTF shall not be required to exhaust its remedies as against Borrower prior to enforcing its rights under this guaranty against the Guarantor.
- C. The guarantee hereunder shall be unconditional and absolute and the Guarantor waives all rights of subrogation and self-off until all sums under this guaranty are fully paid.
- D. The Guarantor further waives all surety ship defenses of defenses in the nature thereof, generally. In the event payments due under this guarantee are not punctually paid upon demand, then the Guarantor shall pay all reasonable costs and attorney's fees necessary for collection, and enforcement of this guaranty.

STUDENTS LOAN AGREEMENT FORM

Passport Picture

This agreement is made this _____ day of _____ 20____ between STUDENTS LOAN TRUST FUND, a Fund established by Students Loan Trust Fund Act, 2011, Act 820 of House No. 47, 3rd Crescent Ave, Asylum Down, Accra, acting by its authorized representative (hereinafter referred to as the “LENDER”) of the one part and _____ with student number _____ and whose Social Security number is _____ (Hereinafter referred to as the “BORROWER”) of the other part
WHEREAS:

1. The Lender has established a student’s loan scheme to advance loans to students undertaking accredited courses at accredited tertiary educational institutions in Ghana in accordance with the requirement of the lender’s Trust Deed .
2. The Borrower is currently pursuing a _____ Year (*Number of years*) diploma/degree and or professional course at _____ an accredited tertiary institution.
3. At the request of the Borrower and subject to the terms and conditions of this agreement set out below and particularly explained in Appendix B attached hereto, the lender has agreed to advance loan to the borrower.

4. AMOUNT OF LOAN

The Lender shall provide the Borrower with a Loan facility agreed by the parties herein and in the subsequent year(s) of the course of study of the Borrower. The Lender shall disburse the loan amount to the borrower of each year for the borrower’s course of study by two installments. The amount of each installment shall be determined by the Lender and paid into a designated personal account of the borrower the particulars of which the borrower shall provide to the Lender.

5. TERMS AND CONDITIONS

- a) The Lender shall charge interest equal to the average Interest payable on Government of Ghana 182 day Treasury bill on total loan for the time being advanced to the borrower.
 - (i) Compounded annually during the period of study and moratorium period ;
 - (ii) Plus 2% compounded semi-annually during the payment period.
- (b) The Borrower shall repay the loan granted together with all interest accrued thereon within the prescribed period after completion of the course or as the case may be and in accordance with the payment schedule attached hereto. Refer to the schedule on the last page
- (c) The Borrower shall provide at least one Guarantor acceptable to the Lender prior to the disbursement of the first Loan
- (d) The Borrower shall have the right at any time on written notice or otherwise to the Lender to repay all or part of the loan with the accrued interest.
- (e) Penalties for default shall apply in cases of default.
- (f) The Lender shall be entitled to terminate this agreement if borrower is found to have provided false information. In the event of termination of this agreement under this clause the principal and accrued interest shall become immediately payable.
- (g) The Borrower shall notify his employer in writing of his/her obligation to the Lender and request monthly deduction from salary and pay the money to the Lender.
- (h) If the Borrower fails to complete his course of study through any cause whatsoever the borrower shall remain indebted to the lender for the loan and the entire loan shall become due immediately and payable within 12 consecutive months.
- (i) A borrower shall not be eligible for a loan during repeat year(s) of study.
- (j) The borrower shall be automatically registered for the Students Loan Protection Scheme.

STUDENTS LOAN AGREEMENT FORM

Signature of student

FINGER/THUMB PRINT OF APPLICANT

--	--	--	--	--

Left Index Finger

Left Thumb

Right Thumb

Right Index Finger

SSNIT Officer Signature

(Finger prints should be taken at any SSNIT branch office, supervised by an officer who should append his/her Signature, Name and Stamp to the right)

CONSENT OF PARENT/GUARDIAN (For Applicant under 18 years only)

I, _____ (Name of Parent)

of _____
Residential Address

And with National ID number _____ and NHIS number: _____ being a

Parent/Guardian of _____ with student No. _____

consent to the grant of Loans by the Students Loan Trust Fund to my child/ward during his course of study at _____

Postal Address _____

Signature _____

ATTESTATION FOR VISUALLY IMPAIRED PERSONS ONLY

A. Borrower

Signed by _____ after the
(Name of borrower)

Contents herein had been read and explained to him by _____

(full name, address and telephone number of the person explaining)

and seemed perfectly to understand and approve of same before his hand was guided by the said

_____ to the appropriate place on this application form to sign.
(name of person)

STUDENTS LOAN AGREEMENT FORM

(Signature of person making declaration)

B.

*** WITNESS (refer to list of persons qualified to witness)**

I wish to confirm that the applicant appeared before me and that I interviewed him/her and hereby state that the information provided in the loan application including information not supported by documentary evidence, is true to the best of my knowledge.	Name:	Official stamp
	Title/Rank:	
	Institution:	
	Address:	
Signature _____		
Date _____	Phone number:	

***LIST OF PERSONS QUALIFIED TO WITNESS**

- Senior Public Servants
- Metropolitan, Municipal & District Chief Executives
- Senior Medical Officers
- Coordinating Directors
- Members of recognised professional bodies (e.g. Lawyers, Accountants, Engineers, etc)
- Ministers of recognised religious bodies
- Senior Police Officers
- Senior Officers of the Ghana Armed Forces

Attention!

Please note that a witness is responsible for the sincerity of information provided. A witness is however not a guarantor and has no financial liability.

STUDENTS LOAN AGREEMENT FORM

LOAN REPAYMENT SCHEDULE

Number of Loans taken	National Service Period (Yrs)	Grace Period (Yrs)	Repayment Period (Yrs)
1	1	1	2
2	1	1	4
3	1	1	6
4	1	1	8
5	1	1	10
6	1	N/A	10
7	1	N/A	10