

STUDENTS' LOAN APPLICATION FORM 2017/18

FORM NOT FOR SALE

No payment shall be made to any individual for purposes of securing this student loan.



Attach 3
passport
photographs *

HIGHER EDUCATION STUDENTS' FINANCING BOARD

Increasing Access to Higher Education

Plot 1 Lourdel Rd., Lourdel Tower 7th floor Nakasero P.O. Box 16810 Wandegeya, Kampala Uganda. Tel: +256 392 174 999
URL: www.hesfb.go.ug, Email: info@hesfb.go.ug

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 where applicable to you)

1.1 Applicant's Bio - Data

Surname *

First Name *

Other Name(s)

Gender *

 M F

Date of Birth *

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1.2 Applicant's Contact Information

Email Address

Alternate Email Address

Mobile Phone Number *

Twitter Account

Facebook Account

Whatsapp Account

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

National ID *

Passport

C.R.B /
Financial Card

Others
(Specify)

1.4 Applicant's Current Address

District *

County *

Sub-County *

Parish / Ward *

Village / LC1 *

Plot No. (Where applicable)

Emergency Contact Person

Relationship

Telephone of Contact Person

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

1.5 Applicant's Home Of Origin

District *	County *	Sub-County *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parish / Ward *	Village / LC1 *	Town *
<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O. Box Number	<input type="text"/>	

1.6 Applicant's Marital Status (Please attach documents where applicable)

Single Married

(If Married, please Specify Name of spouse, Contact, National ID Number below)

Spouse's Name	Spouse's Telephone No.	Spouse's National Identity No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.7 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)

<u>Type of disability</u>	<u>Level of disability</u>		
I. Communicating <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
II. Hearing <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
III. Remembering <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
IV. Seeing <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
V. Self-Care <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
(Unable to look after self)			
VI. Walking <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
VII. Others (Specify) <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>

1.8 Applicant' Entry Mode into a Higher Education Institution *

Direct Mode (from A' Level) Indirect Mode (Certificate/ Diploma Holder or Mature age entry)

Note: This Application form is not for sale

1.9 Applicant's Education Background Information

Level of Education	Institution / School attended	Index/Registration Number	Year of Completion	Points/Aggregates Scored	Fees Paid per Term / Semester
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 School Attended *					
(1)					

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1.10 School Fees History (How was your education financed?) (Tick appropriately and capture A' Level / Tertiary fees in accordance with Head Teacher recommendation)

	Parent	Guardian/ Sponsor/ Sibling	Government	Scholarship	Self	Fees per term
a) A' Level/ Tertiary *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) O' Level *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If fees was paid by Guardian / Sponsor / Sibling / Scholarship, please indicate 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	National ID	
<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"/>	

2.1.2 Is your father alive? *

YES NO *If NO, go to Section 2.2*

2.1.3 Father's Current Contact Information

P.O. Box Number	Email Address	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
District *	County *	Sub-County *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parish / Ward *	Village / Cell *	
<input type="text"/>	<input type="text"/>	

2.1.4 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

LEVEL OF DISABILITY

Communicating	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Remembering	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Self-Care	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
(Unable to look after himself)							
Walking	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Others (Specify)	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>

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

None	<input type="checkbox"/>	Primary Leaving Certificate	<input type="checkbox"/>	O'Level/ A'Level	<input type="checkbox"/>	Vocational/Certificate	<input type="checkbox"/>
Diploma	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Post-Graduate Diploma	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>						

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2.1.6 Father's Profession/Current Occupation

2.1.7 Father's Employment Information

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

Employer Name

Nature of Employers' Business

2.1.8 Father's Income Information (monthly) * (Specify as applicable)

Income from Employment

Income from Business/
Rentals

Income from Crop/
Animal husbandry

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

National ID

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 Current Contact Information

P.O. Box Number

Email Address

Mobile Phone Number

District *

County *

Sub-County *

Parish / Ward *

Village / Cell *

2.2.4 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

Communicating

Hearing

Remembering

Seeing

Self-Care

(Unable to look after herself)

Walking

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

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

None Primary Leaving Certificate O'Level/ A'Level Vocational/Certificate
 Diploma Bachelor's Degree Post-Graduate Diploma Master's Degree
 Doctorate

2.2.6 Mother's Profession/Current Occupation

2.2.7 Mother's Employment Information

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

Employer Name Nature of Employers' Business

2.2.8 Mother's Income Information (monthly) * (Specify as applicable)

Income from Employment Income from Business/Rentals Income from Crop/Animal husbandry Income from Other Source

2.3 Details of Siblings (Provide information of siblings who are still studying and in case of any disabled siblings, specify. Where the space provided is not adequate complete and attach an additional sheet.)

Name	Institution / School	Level of Study	Termly Fees

2.4 Family Social Economic Situation

2.4.1 Biological Details

Total number of school going children from biological father Total number of school going 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) _____

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

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2.4.4 Type of house

Permanent Semi-Permanent Grass thatched 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

Paraffin

Electricity

Firewood

Gas

Airtime

Charcoal

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 Hospital 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 of dependants who are still studying and in case of any disabled dependants, specify. Where the space provided is not adequate complete and attach an additional sheet of paper)

Name	Institution / School	Level of Study	Annual Fees

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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 / College *	Year of Admission *																		
<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Admission Number *	Course Admitted For *																			
<input type="text"/>	<input type="text"/>																			
Course Duration * (In Years; Please tick)	Current Year of Study * (In Years; Please tick)																			
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table>	1	2	3	4	5	6	7	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table>						1	2	3	4	5	6	7
1	2	3	4	5	6	7														
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 / Fieldwork / Internship / School Practice(where applicable)			
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:

3.3 Borrowing Motivation (Please Give Reason Why You Must Borrow From Government To Finance Your Higher 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	<input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

Signature _____

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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 * :

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.

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

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.

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 (Please indicate the termly fees and stamp against it)*		
Sub County Chief / Town Clerk *		

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