



GUARANTOR INFORMATION

TO BE COMPLETED BY GUARANTORS WHO HAVE SIGNED INDEMNITY FOR COURSE APPROVAL

ACADEMIC YEAR: _____ TO _____

LAST NAME: [Grid]

FIRST NAME: [Grid]

MIDDLE NAME: [Grid]

TRN: [Grid]

Permanent Address: [Grid]

Home Telephone: [Grid] - [Grid] Cellular Telephone: [Grid] - [Grid]

E-Mail Address: [Grid]

Mailing Address if different from above: [Grid]

Occupation [Grid]

Place of Employment: [Grid]

Work Address [Grid]

Relationship to Applicant [Grid]

Work Telephone: [Grid] - [Grid] Work Tel. Extension: [Grid] - [Grid]

I hereby acknowledge that I have signed for program approval and that by executing this document I am indicating my agreement to continue to be a Guarantor for the above mentioned beneficiary for the duration of his/her approved course of study, and for the duration of the loan contract, subject to the terms and conditions outlined in the Agreement.

Guarantor's Signature: _____

Date: _____

Witness Name _____

Witness Signature _____

Date: _____

NB. Witness can only be an Attorney at law, Justice of the Peace, Medical Practitioner, Employer and the form should bear the respective stamp.

Beneficiary/Applicant's Information

Beneficiary's Name: [Grid]

Beneficiary's TRN: [Grid]

Beneficiary's Institution: [Grid]

For Internal Use Only:

Record Updated by: _____

Signature: _____

Date: _____