

# STUDENTS' LOAN APPLICATION FORM 2019/20

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 Wandegaya, 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).

No agent have been appointed to act on behalf of HESFB soliciting additional funds. Only pay the prescribed Loan Processing fee of Ushs 52,200 on account No. 3740300006, after which submit your fully filled Loan Application Form to any Centenary Bank Branch across the country.

#### 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 \*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

##### 1.2 Applicant's Contact Information

Email Address

Alternate Email Address

Mobile Phone Number \*

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

<input type="checkbox"/> National ID No (NIN) *	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="checkbox"/> Financial Card Number	<input type="text"/>	<input type="checkbox"/> Others (Specify)	<input type="text"/>

Are you employed?  YES  NO (if YES Please provide TIN and NSSF Number)

<input type="checkbox"/> TIN Number	<input type="text"/>	<input type="checkbox"/> NSSF Number	<input type="text"/>
-------------------------------------	----------------------	--------------------------------------	----------------------

##### 1.4 Applicant's Current Address

Region \*

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**

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

Type of disability	Level of disability		
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"/> (Unable to look after self)	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
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's Entry Mode into a Higher Education Institution \***

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

*(for indirect entry mode, where applicable, Please provide Name of Employer, Address, official contacts, Gross salary, TIN, NSSF)*

Name of Employer	Employer Address		
<input type="text"/>	<input type="text"/>		
Employer's Contact	Gross Salary in Ushs	URA TIN Number	NSSF Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UPDF Service Number	Police Force Identification Number	IPPS Number	Personal Supplier Number for Public
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**1.9 Applicant's Education Background Information**

Level of Education	Institution / School attended	Year of Completion	Points/Aggregates Scored	Fees Paid per Term / Semester (attach evidence)
<b>Universities Attended</b>				
<b>Tertiary Institutions Attended *</b> (should be filled if Applicant's Education Entry Mode is Others)				
<b>'A' Level Schools Attended *</b> (should be filled if Applicant's Education Entry Mode is Direct)				
<b>'O' Level Schools Attended *</b>				
<b>Primary School Attended *</b>				

**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 (Attach copy of Payslips)
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 No (NIN)	
<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/>	

#### 2.1.2 Is your father alive? \*

YES  NO *If NO, attach the death certificate / LC 1 letter confirming death then 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"/>
Region *	District *	County *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub-County *	Parish / Ward *	Village / Cell *
<input type="text"/>	<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"/>
<hr/>							

#### 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"/>						

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

### 2.1.6 Father's Profession/Current Occupation/Job Title

---

### 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 No (NIN)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2.2.2 Is your Mother's alive? \*  YES  NO *If NO, attach the death certificate / LC 1 letter confirming death then go to Section 2.3*

#### 2.2.3 Mother's Current Contact Information

P.O. Box Number

Email Address

Mobile Phone Number

Region \*

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

(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

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

**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/Job Title**

---



---

**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 What is the total number of people in your household?**

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

**2.4.4 Type of family residence**

Rented  Owned  Employers'  Others (please specify) \_\_\_\_\_

**2.4.5 Type of house**

Permanent  Semi-Permanent  Grass thatched  Others (please specify) \_\_\_\_\_

**2.4.6 Number of rooms in the family house**

**2.4.7 What is the estimated monthly expenditure of the household in Ushs?**

- 1. Rent
- 2. Food
- 3. Clothing
- 4. Utilities
  - i) Water
  - ii) Electricity
  - iii) Gas
  - iv) Charcoal
  - v) Paraffin
  - vi) Firewood
  - vii) Airtime
  - viii) Pay TV
  - ix) Transport

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

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

Government Health Facility  Private Hospital  Missionary Hospital  
 Others (please specify) \_\_\_\_\_

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

Free Service  Cash  Health Insurance / Employer's Refund  Others (please specify) \_\_\_\_\_

**2.4.10 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

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

### 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 \_\_\_\_\_

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



#### 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 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 *		

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

