



DSP

STUDENTS LOAN

H/No 47, 3rd Crescent, Asylum Down, Accra
Tel: +233 (302) 231 886, 231 887, 241 196 Fax: +233 (302) 231 873

Form No.: **2019** / **20** /



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

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 need. It is in your best interest to provide accurate information in the course of filling this application form. However, you are liable and may be prosecuted, if found to have provided any false information with regards to your loan application.

With respect to this application, the SLTF shall share information provided in this application form with relevant 3rd party institution in accordance with the Data Protection Act.
Please sign if you agree to this above

Signature of New Applicant: Date: **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 Admission No.		SSNIT/Reference No.		GPS (optional)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
E-zwich No.		E-zwich Account Name (name use to acquire e-zwich card)			
<input type="text"/>		<input type="text"/>			
E-mail Address(es)					
<input type="text"/>					
Mobile No. (s) please provide numbers registered in your name (s) only					
1) <input type="text"/>		2) <input type="text"/>		3) <input type="text"/>	
Surname		First Name		Middle Name (Optional)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth		Gender		Marital Status (Pls select only response)	
DD MM YYYY Day Month Year		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
Residential Address (Where you normally reside, where you call home) (e.g. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra) Postal Address (to which correspondence regarding this application should be sent) Do not use your institution of study's postal address				Village/Town/City (Where the house is located)	
<input type="text"/>				<input type="text"/>	
District of House		Region of House		Postal Address	
<input type="text"/>		<input type="checkbox"/> Ashanti <input type="checkbox"/> Northern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Upper East <input type="checkbox"/> Central <input type="checkbox"/> Upper West <input type="checkbox"/> Eastern <input type="checkbox"/> Volta <input type="checkbox"/> Greater Accra <input type="checkbox"/> Western		<input type="text"/>	
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? (Pls select whichever is applicable)				Level (Percentage)	
<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Physical Disability <input type="checkbox"/> Hearing <input type="checkbox"/> Speech				<input type="text"/> % <input type="text"/> % <input type="text"/> % <input type="text"/> % <input type="text"/> % <input type="text"/> % <input type="text"/> % <input type="text"/> %	



CURRENT TERTIARY INSTITUTION DETAILS

What is your level of entry into the tertiary institution

☐ Level 100 ☐ Level 200 ☐ Level 300 ☐ Level 400 ☐ Level 500 ☐ Level 600

SENIOR HIGH SCHOOL DETAILS

In which region is the SHS school located	What is your program of study at SHS?
<input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Greater Accra <input type="checkbox"/> International <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West <input type="checkbox"/> Volta <input type="checkbox"/> Western	<div style="border: 1px solid black; height: 60px;"></div>

[illegible]**CONSENT OF PARENT/GUARDIAN** *(for applicant under 18 years only)*

Signed by _____
(Name of borrower)

after the content herein had been read and explained to him/her by _____
(full name of person assisting)

[illegible][illegible]

and seemed perfectly to understand and approve of same before his/her hand was guided by the said _____
(Name of person assisting)

----- to the appropriate place on this application form to sign.
(Name of person assisting)

Signature _____
(person making declaration)

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

Signature _____

Date

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

Day Month Year

Name:

Title/Rank: _____

Address:

[illegible]Public/Civil Servant ☐ Private Employer ☐ Other ☐ (Please specify) _____

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

Attention!
Please note that a Referee/Witness is responsible for the sincerity of information provided and has no financial liability. A Referee who doubles as a Co-Signer will however, have financial liability as a Co-signer

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DSP STUDENTS LOAN AGREEMENT FORM

Appendix 1



This agreement is made this ----- day of -----20---- between STUDENT LOAN TRUST FUND, a Fund established by Students Loan Trust Fund Act, 2011, Act 820 of House No. 47, 3rd Crescent, 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 enabling Act.
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 I herein, 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 full stipulated DSP Student Loan amount to the borrower as a one-off initial loan, and subsequently, a Regular loan amount to the borrower for each year of 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 CONDITION

DSP loan shall be regularised by a borrower by providing all additional supporting documents required for a Regular students loan.

DSP shall be regularised within a period not exceeding six (6) months from date of disbursement.

The lender shall charge an interest of base rate plus 2% on DSP loan that is not regularized as a result of failure to enroll in school, and the loan amount plus interest shall be payable by the Co-signer in a period not exceeding 6months.

The lender shall charge an interest applicable to the regular student loan payable by the co-signer over a period not exceeding 12 months, where beneficiary enrolls but fails to regularize.

Upon regularisation of DSP loan, interest consistent with the Regular students loan shall be charged on all loan amount enjoyed by the borrower, including the DSP amount.

DSIA

A DSP loan beneficiary shall have a DSIA account opened automatically for him/her at Databank Financial Services with an initial deposit of Gh25 deductible from the loan amount(subject to review) as grant.

DSP loan beneficiary shall be enrolled on the Databank Foundation's Young Leaders mentorship Program(YLMP) where available.

- 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 (this provision shall not apply to un-regularized DSP loan)
- c) The Borrower shall provide at least one Guarantor acceptable to the Lender prior to the disbursement of the regularised 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 case 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 and 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 who accesses a DSP loan shall be automatically registered for the Students Loan Protection Scheme and shall pay the stipulated premium of this scheme in respect of the DSP loan amount.
- k) The Students Loan Protection Scheme (SLPS) shall apply to the DSP loan.

Signature of student

Signature of Co-Signer



DSP STUDENTS LOAN CO-SIGNER UNDERTAKING

Parent/Guardian ☐ Employer ☐ Employee ☐ Other ☐ *pls specify*

I, Mr/Mrs/Ms/Dr/Rev/.....
confirm that Mr/Mrs/Ms is personally known to
me and has gained admission to
(Name of institution)

I undertake that, should he/she not enroll in school after accessing the Databank Scholars Programme, the full amount disbursed to him/her together with interest be deducted from my salary over a maximum of 6 months.

I am aware that interest will be charged from the date of disbursement at the prevailing market rate.

However, should the beneficiary enroll in school and regularise his/her Databank Scholars Programme, this agreement automatically expires.

I attach a copy of my pay slip (1 month current) or for non-formal SSNIT contributors, a SS statement and valid national (photo) ID (voter ID/NHIA/ Driver's License/Passport, etc)

Name of Employer/Organisation.....

Address of Employer/organisation.....

Telephone number(s) of organisation.....

Staff ID:

Phone Number:

SSN:

P2B Loan Repayments

In case of failure of beneficiary to enroll, the Trust Fund shall compute and deduct as per the P2B mandate form amount as agreed.

Signature: _____

Employer's Consent

Name of CEO/HR/MD: _____

Date:
Day Month Year

Signature: _____

I undertake to deduct at source, the total loan amount in full by installments over a period not exceeding 6 months .

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PERSON TO BUSINESS [P2B]

VARIABLE MANDATE STUDENTS LOAN TRUST FUND

PMB CT 223, CANTONMENT – ACCRA

TEL: (0302) 231886/7, 02640443072 whatsapp 0504021579 Email: info@sltf.gov.gh



STUDENTS LOAN DIRECT DEBIT MANDATE FORM

Loan Beneficiary Details

Surname

First Name

Middle Name (Optional)

Residential Address

(Where you normally reside, where you call home) (not a postal address) (eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra)
Postal Address (to which correspondence regarding this application should be sent) Do not use your institution of study's postal address

E-mail Address

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Telephone No. (s)

1)

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 2)

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 3)

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STUDENTS LOAN REPAYMENT DETAILS (At a point of default the specific amount will be calculated and presented to your bank for onward deduction)

AMOUNT RANGE: 1 - 2000 ☐ 2001-10,000 ☐ 10,001-50,000 ☐ 50,001 & ABOVE ☐ Others
(Please specify)

AMOUNT IN WORDS:
(Amount to be specified by SLTF)

DATE OF FIRST DEDUCTIONS :

DD

MM

YYYY

Day Month Year

DATE OF END DEDUCTION: (Until loan is fully paid off. Loan beneficiary can view loan statements on students portal: www.sltf.gov.gh)

DIRECT DEBIT INSTRUCTIONS OF CO-SIGNER

Name of Co-Signer

Surname

First Name

Middle Name (Optional)

Name of bank

Account Name

Account Branch

Bank account no.

Type of account

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Current ☐ Savings ☐ Other ☐

I(name of loan Co-signer) AUTHORISE STUDENTS LOAN TRUST FUND AND THEIR DESIGNATED FINANCIAL INSTITUTION TO DEDUCT AMOUNTS OWED FROM OUR/MY BANK ACCOUNT, SUBJECT TO THE TERMS AND CONDITIONS PROVIDED BELOW. STUDENTS LOAN TRUST FUND'S BANK IS HEREBY INDEMNIFIED AGAINST ANY CLAIM OR LIABILITY THAT MAY ARISE AS A RESULT OF OUR/MY PROVIDING THE WRONG BANK DETAILS, OR ANY OTHER ERROR IN OUR/MY INSTRUCTION IN RESPECT OF WHICH STUDENTS LOAN TRUST FUND'S BANK ACTS IN IMPLEMENTING OUR/MY DIRECT DEBIT AUTHORIZATION. WE/ I HEREBY AUTHORISE STUDENTS LOAN TRUST FUND TO DEDUCT VARIABLE AMOUNTS, SHOULD THE AMOUNT STATED NOT BE AVAILABLE ON THE DUE DATE OF DEDUCTION. I UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORISED WILL BE PROCESSED THROUGH AN AUTOMATED CLEARING HOUSE (ACH) PLATFORM PROVIDED BY GhIPSS.



TERMS AND CONDITIONS

I (herein referred to as the Co-Signer of DSP students loan beneficiary), hereby instruct and authorize **STUDENTS LOAN TRUST FUND** (the Lender):

- 1.1 To issue and deliver a payment instruction or a series of payment instructions to my bank for the purposes of collecting the payment that I am obliged to Students Loan Trust Fund in respect of the Co-Signor Undertaking that I have concluded with Students Loan Trust Fund, from my bank account, the details of which are set out above in this authorization and correspond to the banking details above
- 1.2 To issue and deliver the payment instruction or each payment instruction in a series of payment instructions to my bank on or after installment due date as set out.
- 1.3 To issue and deliver payment instructions to my bank in addition to the number of payments as stipulated above in respect of amount that may be in arrears, under the Agreement including but not limited to any arrears, interest, penalty, costs and charges, that may be accrued as a result of me not having made regular or punctual payment of my obligation as contained in the agreement concluded with Students Loan Trust Fund: by issuing a new instruction.
- 1.4 In terms of the agreement that I have entered into with Students Loan Trust Fund, I am obliged to make payments on the instalment due date and Students Loan Trust Fund has the right to collect the payments on the installment due date but as an indulgence in my favour Students Loan Trust Fund will endeavour to deliver the payment instruction or each payment instruction in a series of payment instructions to my bank on the day on which my salary is paid into my bank account, provided that such date be a date on or after the installment due date and that I will ensure that sufficient funds are available in my Bank account at the time.
- 1.5 The payment instruction(s) I have authorized to be issued will be processed by using ACH direct debit order provided by my bank, now or in the future. I understand that the details of each deduction will be reflected in my bank statement or on any accompanying voucher provided by my bank.
- 1.6 Students Loan Trust Fund and my bank will treat the payment instruction(s) issued by **Students Loan Trust Fund**, as if I had issued the instruction(s) to my bank
- 1.7 I will pay any bank charges levied by my bank relating to these deductions;
- 1.8 I may cancel this Mandate upon full payment of any outstanding loan and interest, ahead of the scheduled payments by giving the **STUDENTS LOAN TRUST FUND** thirty (30) days' notice, by appropriate medium of written communication, i.e registered post and/or email to **STUDENTS LOAN TRUST FUND**.
- 1.9 I shall not be entitled to any refund of amounts, except in error or exceptional cases, which have been deducted in terms of this Mandate that was still in force and an outstanding balance owed by me to **STUDENTS LOAN TRUST FUND** still existed.
- 1.10 Should I still have an outstanding balance owed by me to Students Loan Trust Fund, by the stipulated end date, the direct debit order shall stay in force until the balance is cleared.
- 1.11 I will be responsible for ensuring that the account nominated does not become inaccessible for any reason and undertake to immediately notify **STUDENTS LOAN TRUST FUND** in the event of funds not being paid into my bank account, as set out in this Mandate.
- 1.12 I indemnify my bank against all costs, charges, expenses, losses and damages, which I may suffer as a result of my bank acting in accordance with this Mandate. I further indemnify my bank against any claim by a third party arising from the performance or non-performance, as the case may be, in terms of this Mandate.
- 1.13 Students Loan Trust Fund will give an advanced notice of the amount at least 10 days before the date of first debit through my e-mail address or an SMS

NAME OF CO-SIGNER:

DATE:

DD
Day

MM
Month

YYYY
Year

POSITION:

.....
SIGNATURE OF CO-SIGNER:



STUDENT 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

Loan taken as DSP Students Loan shall be considered as year one loan



OFFICIAL USE ONLY

Name of Zonal Office:.....

Name of Zonal Officer:.....

Signature:..... Date:

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

Day Month Year

ATTACHMENTS

- Admission Letter
- Borrower Valid Photo ID (Indicate Type)
- SSRN/SSN
- E-Zwich
- Co - Signer Undertaking form
- P2B/B2B Form
- 1 month current Pay Slip (Co-signer)
- Co - Signer valid Photo ID
- Evidence of SHS Attended

