



Form no.:

STUDENTS LOAN TRUST FUND

STUDENTS LOAN PROTECTION SCHEME (SLPS)

REPORTING INCAPACITATION / DEATH OF A BORROWER

Please print all information in **CAPITAL LETTERS** and use **BLACK INK** only

PART I: DETAILS OF PERSON REPORTING INCAPACITATION / DEATH

Name:		
_____	_____	_____
Surname	First name	Other name (s)
Postal/ Contact Address:		
Phone No:	Fax No:	E-Mail:
Residential Location:		
Relationship of Reporter to Borrower		
<input type="checkbox"/> Parent	<input type="checkbox"/> Uncle/ Aunt	<input type="checkbox"/> Other (Specify)

PART II: DETAILS OF INCAPACITATED / DECEASED BORROWER

Type of Report: Permanent Incapacitation Death

Social Security Number:	N.I.A. Number:	Sex
Evidence of Number Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of Number Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:		
_____	_____	_____
Surname	First name	Other name (s)
Postal Address:	Residential Address:	
Last Place of Work (if known):		
Tertiary Institution Where Loan Was Taken:		
Date of Incapacitation*/ Death: [D][D] - [M][M] - [Y][Y][Y][Y]	Cause of Incapacitation/Death:	
Name of Medical Facility:	Place of Death:	
Location of Medical Facility:	Burial Place:	
*for incapacitation please provide the date that you were declared to be permanently incapacitated		

PART III: DETAILS OF PARENTS/ GUARDIAN

Name of Father/Guardian		
_____	_____	_____
Surname	First name	Other name (s)
Current Residential Address:		Phone No.
Name of Mother/Guardian		
_____	_____	_____
Surname	First name	Other name (s)
Current Residential Address:		Phone No:
Name of Spouse:		
_____	_____	_____
Surname	First name	Other name (s)
Current Residential Address:		Phone No.

PART IV: EVIDENCE OF INCAPACITATION / DEATH (Provide at least one of the following evidence)

INCAPACITATION CLAIM (Tick evidence to support claim)	
<input type="checkbox"/> Medical Report from registered medical Doctor from accredited Hospital/Health Facility	<input type="checkbox"/> Panel review or evaluation of incapacitated/disabled person
DEATH CLAIM (Tick evidence to support claim) <i>Official cause of death MUST be stated on any of the evidence of death provided</i>	
<p style="text-align:center;">PRIMARY EVIDENCE</p> <input type="checkbox"/> Medical Certificate of Cause of Death <input type="checkbox"/> Coroner’s Inquest Report <input type="checkbox"/> Certified copy of the Entry in the Register of Deaths <input type="checkbox"/> Burial Permit <input type="checkbox"/> Burial Extract <input type="checkbox"/> Letters of Administration	<p style="text-align:center;">SECONDARY EVIDENCE <i>(Provide Secondary evidence only when primary evidence cannot be obtained)</i></p> <input type="checkbox"/> Letter From Employer <input type="checkbox"/> Affidavit From Chief of Village/Town or Community Leader <input type="checkbox"/> Affidavit From Religious Leader (of a nationally recognized religious institution.)

PART V: DECLARATION

I, the undersigned, being the person reporting the incapacitation / death of
, do hereby declare that the facts stated above are true and accurate.

Signature/ Thumbprint of person reporting

Date

** Please note that all information and supporting documents provided will be subject to verification before the payment of claims.*

PART VI: WITNESS (Must be an adult family member)

Name:	Address:	Signature/Thumbprint:
Relationship to the Borrower:	Tel. Number:	

PART VII: For Office use only

<input type="checkbox"/> Existing Borrower : <input type="checkbox"/> Completed Borrower: _____ Name of Schedule Officer	Loan Balance: GH¢ _____ Balance in Default: GH¢ _____ _____ Signature	<input type="checkbox"/> Loan Stopped: <input type="checkbox"/> Interest Stopped: _____ Date
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Review: _____ Head of Operations	_____ Signature	_____ Date
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