

SAINT LUCIA DEVELOPMENT BANK

#4 Bridge Street, P.O Box CP 5900, Castries, Saint Lucia
Telephone# 1-758-456-SLDB (7532) Fax# 1-758-45-DEVFX (33839)

Students Loan Application Form (Schedule A)

For Official Use	
Application Ref.:	Application Date (mm/dd/yyyy) :

1. PERSONAL DATA

First Name	Middle Name	Surname	Aliases
Address		Town/village	Phone (Mobile)
		Phone (Other)	

Email Address: _____

Date of Birth (mm/dd/yyyy)	Gender	Marital Status	Nationality	
No. of Dependants	Occupation		Soc. Sec.#	Drivers License #
Next Of Kin		Years of Employment	Present Employer	
Name	Contact #			

2. LOAN DETAILS

Programme of Study: _____

Level of Study: PhD MSc BSc Diploma Certificate Other (state) _____

Name of Educational Institution: _____

Enrollment Status: Accepted Pending Acceptance

Purpose of Loan: _____

Amount of Loan \$ _____ Loan Term _____ Months/Years

Duration of Programme: _____ Months Expected Commencement date of study: _____

Expected Completion date of study (mm/dd/yyyy) _____

Customer's Contribution to Project \$ _____

3. FINANCIAL STANDING

Total Property Owned (Land/Equipment/Vehicles/Houses etc) \$ _____

Total Financial Assets (Savings/Stocks/Bonds, Mutual Funds etc) \$ _____

Total Debts (Loans/Hire Purchase/I.O.U.s etc) \$ _____

Total Monthly Income after Income Tax and N.I.C \$ _____

Total Living Expenses and Debt Payments \$ _____

4. DECLARATIONS

I _____ hereby declare/agree:

1. that the above information is true and correct.
2. that I have not withheld from the Bank any information pertinent to this application.
3. to authorize the Bank to make any enquiries related to the above information and this application.
4. to provide any additional information or documents pertinent to this application.

Signature of Applicant

Date (mm/dd/yyyy)