

GOVERNMENT OF GUYANA STUDENT LOAN WRITE OFF PROGRAMME

APPLICATION FORM (PHASE 1)



UG TURKEYEN CAMPUS CONTACT # 222-5412/222-5413/ 222-5414/222-5418



First Name: Middle Name/s:	Last Name:
Did your name change since your last loan contract? Yes	No No
If yes, kindly indicate your former name	and select which document substantiates
the name change. Attach a CERTIFIED COPY of that document to the	is form.
Marriage Certificate Court Order Dee	d Poll
Date of Birth: Contact Numbers: 1.	2.
Address:	
Email Address:	
Name of University of Guyana Programme (e.g. Bachelor of Social So	cience (Social Work): Year of Graduation:
UG Registration Number or USI Number:	
Resident	Non-Resident
If Resident, select which document substantiates residency;	If Non-Resident, select and provide ONE of the following documents:
Utility bill/registered mail/bank statement Issued within the last 6 months in applicant's name	NIS Contribution statement as proof of being employed
Copy of Driver's License	or self-employed in Guyana for a minimum of 3 years
Other Please specify:	(156 contributions) post-graduation.
	Other Please specify:
Kindly submit this form and the following supporting documentation to the Student Loan Agency, or email to studentloanagency@finance.gov.gy with subject: Application for Student Loan Write Off.	
National ID OR Valid Passport (Bio-Data Page)	
2. University of Guyana Diploma/Certificate/ Degree	
3. Documentation verifying residency in Guyana, OR if non-resident, provide supporting documentation as requested above.	
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Applicant Cinnetons	D. L.
Applicant Signature:	Date: DD MM YYYY
FOR STUDENT LOAN AGENC	Y OFFICAL USE ONLY
Outstanding Loan Balance to be written off: \$	Current Date:
Reviewed By:	Date:
Recommended Denied (with justification below)	
Reason For Denial:	
Decommended Du	Date:
Recommended By:	Date: DD MM YYYY
Approved By:	Date: