APPLICATION FOR A STUDENT LOAN
GENERAL TERMS AND CONDITIONS

Please read the following General Terms and Conditions carefully.

Kindly note that Applications that do not meet the requirements will not be considered. Faxed or e-mailed application forms will NOT be considered. Forms should either be Posted or Hand Delivered to the Iqraa Trust offices on or before the closing date.

1. The Application Form and all Annexures must be completed in FULL.

2. **Originals or Original Certified Copies** of the following documents must be submitted with the Application Form. **Copies or faxes** of certified documents will not be accepted. Failure to submit **Originals or Original Certified Copies** of documents will result in the Application not being considered.
   
   * Identity Document of Applicant.
   * Identity Documents of both parents / guardians.
   * Matriculation results.
   * A Utility Bill confirming the physical address of the parents / guardians.
   * Letters of acceptance or proof of registration from the institution where the applicant intends to study.
   * A fee statement for the intended course of study.
   * Testimonial from the last school attended.
   * Academic record of an applicant for all prior years’ study at a tertiary institution.

3. A non-refundable Application Processing Fee of **R 100** is payable on submission of the Application Form.

**NOTE:** Iqraa Trust does not accept any payments in cash. Accordingly the Application Fee can be paid electronically or can be deposited into Iqraa Trust’s bank account at ABSA Bank. The Bank Account details are as follows:

<table>
<thead>
<tr>
<th>BANK:</th>
<th>ABSA Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRANCH:</td>
<td>320 Anglo</td>
</tr>
<tr>
<td>BRANCH CODE:</td>
<td>632005 (Universal)</td>
</tr>
<tr>
<td>ACCOUNT NAME:</td>
<td>Iqraa Trust (SA)</td>
</tr>
<tr>
<td>ACCOUNT No.:</td>
<td>4067793072</td>
</tr>
</tbody>
</table>
Proof of deposit or confirmation of an electronic transfer must be submitted with the Application.

4. Only applications from students intending to pursue under-graduate studies at an accredited educational institution will be considered. Applications from students intending to pursue post-graduate studies will not be considered.

5. Applicants must submit certified copies of their academic / matric results by latest 15th February 2014.

6. Iqraa Trust will not necessarily fund the total cost of study.

7. Funds will only be advanced after the signing of the Loan Documents between Iqraa Trust and the applicant.

8. In all cases parents or guardians will be required to act as guarantors/sureties for the Loan.

9. Applicants will be notified whether loans have been approved or declined by the last week of February 2014.

10. Applicants must initial each page of the Application Form and sign Page Five of the Application Form in the presence of a Commissioner of Oaths.

For further information kindly visit our website at: www.iqraatrust.org
APPLICATION FORM FOR A STUDY LOAN

STRICTLY CONFIDENTIAL

CLOSING DATE FOR APPLICATION: 31 JANUARY 2014

PLEASE INDICATE WITH A TICK IF THIS IS A NEW APPLICATION ☐ OR A RENEWAL ☐ IF THIS IS A RENEWAL PLEASE QUOTE YOUR STUDENT IQRAA LOAN REFERENCE NO _______

PLEASE INDICATE WITH A TICK IF YOU WILL BE STUDYING FULL TIME ☐ OR PART TIME ☐

A. PERSONAL PARTICULARS OF STUDENT
(TO BE COMPLETED BY ALL APPLICANTS)

SURNAME________________________________ FIRST NAMES______________________________
DATE OF BIRTH____________________________ PLACE OF BIRTH____________________________
IDENTITY NUMBER_________________________ MARITAL STATUS___________________________
RACE_____________________________________ GENDER___________________________________

EMPLOYMENT DETAILS (COMPLETE ONLY IF APPLICANT IS EMPLOYED)

PLEASE INDICATE WITH A TICK IF EMPLOYED FULL TIME ☐ OR PART TIME ☐

NAME OF EMPLOYER_______________________ TELEPHONE NO.___________________________

B. CONTACT DETAILS

RESIDENTIAL ADDRESS
_________________________________________ 
_________________________________________
_________________________________________

POSTAL ADDRESS
_________________________________________ 
_________________________________________
_________________________________________

POSTAL CODE____________________________ POSTAL CODE________________________

TELEPHONE NUMBER_____________________ CELLULAR PHONE NO_______________________

E-MAIL ADDRESS____________________________

ADDRESS WHILE STUDYING (COMPLETE ONLY IF YOU WILL NOT BE STAYING AT HOME WHILE STUDYING)

_________________________________________
_________________________________________
_________________________________________

POSTAL CODE____________________________ TELEPHONE NO _______________________

Page 3
C. HEALTH INFORMATION

DO YOU SUFFER FROM ANY KIND OF ILLNESS OR DISEASE THAT MAY IMPACT ON YOUR ABILITY TO STUDY OR OBTAIN EMPLOYMENT?

IF YES, PLEASE PROVIDE DETAILS.

____________________________________________________________________________________

D. PARTICULARS OF NEXT OF KIN

FATHER
SURNAME: ________________________________ FIRST NAMES ________________________________
IDENTITY NO: ______________________________ TELEPHONE NO: ____________________________

MOTHER
SURNAME: ________________________________ FIRST NAMES ________________________________
IDENTITY NO: ______________________________ TELEPHONE NO: ____________________________

OTHER THAN PARENT-RELATIONSHIP TO STUDENT: (STATE IF UNCLE, AUNT ETC) __________________________
SURNAME: ________________________________ FIRST NAMES ________________________________
IDENTITY NO: ______________________________ TELEPHONE NO: ____________________________
RESIDENTIAL ADDRESS: ________________________________________________________________
____________________________________________________________________________________
CODE: __________________
POSTAL ADDRESS: _________________________________________________________________
____________________________________________________________________________________
CODE: __________________
TELEPHONE NUMBER: HOME ______________ WORK: ______________ CELL ________________

E. MATRICULATION DETAILS

(TO BE PROVIDED BY AN APPLICANT ENTERING A TERTIARY INSTITUTION FOR THE FIRST TIME)
NAME OF LAST SCHOOL ATTENDED __________________________________________________________
YEAR IN WHICH MATRICULATION CERTIFICATE OBTAINED _____________________________________________________________________
DID YOU OBTAIN A MATRICULATION EXEMPTION OR SENIOR CERTIFICATE _____________________________

F. DETAILS ON STUDIES

COURSE OF STUDY (B. SC, B COM ETC) ________________ SPECIALISATION ______________
INSTITUTION OF STUDY ___________________________________ DURATION OF STUDY _________
PLEASE STATE STUDENT NUMBER ____________________ CURRENT ACADEMIC YEAR _________
PLEASE STATE YEAR WHEN YOU COMMENCED STUDYING _________
CURRENT YEAR OF STUDY (EG. 2ND/3RD) ___________

PLEASE ATTACH CERTIFIED COPIES OF UNIVERSITY RESULTS OBTAINED TO DATE. PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOUR RESULTS ARE FURNISHED.
**LIST THE COURSES TO BE REGISTERED FOR IN 2014**

<table>
<thead>
<tr>
<th>2014 COURSE</th>
<th>YEAR (2ND/3RD)</th>
<th>TUITION FEE FOR THE SEMESTER / YEAR</th>
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<tbody>
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<td>6.</td>
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</table>

**PLEASE SUBMIT A CERTIFIED COPY OF A STATEMENT OF ACCOUNT WHERE APPLICABLE?**

**G. NON REPAYABLE BURSARIES AND STUDENT LOANS**

HAVE YOU RECEIVED A NON-REPAYABLE BURSARY (GRANT) OR A STUDENT LOAN FROM IQRAA TRUST OR FROM ANY OTHER INSTITUTION OVER THE PAST 4 YEARS?

IF YES, PLEASE PROVIDE DETAILS BELOW.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>YEAR RECEIVED</th>
<th>ORIGINAL AMOUNT OF LOAN OR GRANT</th>
<th>CURRENT* BALANCE OUTSTANDING</th>
<th>MONTHLY* REPAYMENT (IF APPLICABLE)</th>
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*APPLICABLE ONLY IN THE CASE OF A STUDENT LOAN

HAVE YOU APPLIED FOR OR DO YOU INTEND APPLYING FOR A SCHOLARSHIP OR A STUDENT LOAN FROM ANY OTHER INSTITUTION FOR 2014? __________

IF YES, NAME THE INSTITUTION (OR SPONSOR IN THE CASE OF A BURSARY) AND THE AMOUNT APPLIED FOR:

INSTITUTION / SPONSOR    AMOUNT APPLIED FOR:
_________________________    ___________________
_________________________    ___________________

DO YOU GIVE US PERMISSION TO COMMUNICATE WITH ALL INSTITUTIONS WHICH OFFER, SUPERVISE OR FACILITATE FINANCIAL OR ANY OTHER SUPPORT FOR TERTIARY EDUCATION REGARDING THIS APPLICATION?  

YES  NO

**H. REFERENCES**

PROVIDE THE NAMES, ADDRESSES AND CONTACT DETAILS OF AT LEAST TWO PERSONS WHO CAN ACT AS REFEREES ON YOUR BEHALF.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
<th>TEL. NO. (HOME)</th>
<th>TEL. NO. (WORK)</th>
<th>CELL NO.</th>
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DECLARATION TO BE COMPLETED BY APPLICANT

I ___________________________________________________________ (FULL NAME)

IDENTITY NUMBER________________________________________HEREBY DECLARE AS FOLLOWS:

♦ I am an applicant to the Iqraa Trust (SA) Student Loan Scheme.
♦ To the best of my knowledge and belief the information provided in this application is true, correct and complete in all respects.
♦ I undertake to comply and abide by all the Terms and Conditions of the Iqraa Trust (SA) Student Loan Scheme as set out on the Cover Page of the Application Form.
♦ I shall immediately and in writing disclose to the Iqraa Trust any changes in my studies including any changes in the Courses for which I have registered, changes in my marks and change in the Institution being attended by me.
♦ I shall immediately and in writing disclose to Iqraa Trust (SA) all monies received from other sources towards my educational requirements.
♦ I authorise Iqraa Trust to disclose, solely at its own discretion, information on any financial assistance or other support that it may render to me, to any other institutions that similarly provide, supervise or facilitate the provision of financial assistance or any other support to students for their studies.
♦ I also acknowledge and agree that information provided by me may be stored on a shared database to be used as set out above as well as for the evaluation and decision pertaining to this Application.
♦ I accept that Iqraa Trust (SA) reserves the right to access all information from the educational institution regarding my personal and academic progress and to access all information on my student fees account without prior permission from me.
♦ I acknowledge and accept that the submission of incomplete or incorrect information or the non-disclosure of any information pertinent to my application could result in the Iqraa Trust, at its sole discretion:
  1. not processing this application
  2. withdrawing any assistance that the Trust may have already approved or granted
  3. demanding the immediate repayment of all monies advanced by the Trust on my behalf.
♦ I undertake to submit my results and progress reports to Iqraa Trust (SA) as and when they become available to me.
♦ I undertake to pay the application processing fee of R100 as agreed.
♦ The decision of Iqraa Trust (SA) shall be final and no correspondence shall be entered into.

APPLICANT'S SIGNATURE__________________ PARENT/GUARDIAN'S SIGNATURE__________________
DATE ____________________ PLACE __________________________________

CERTIFICATION BY A COMMISSIONER OF OATHS

I certify that the Applicant and the parent/guardian have acknowledged that he/she/they know and understand the contents and declarations contained on the Cover Page and in this Application Form and that he/she/they have affirmed the accuracy of their answers and the information supplied in support of the Application.

NAME OF COMMISSIONER OF OATHS SIGNATURE OF COMMISSIONER DATE

_____________________________ ___________________________ _____________
TO BE COMPLETED BY PARENT/GUARDIAN

PARENTS OR GUARDIANS OF THE STUDENT MUST PROVIDE THE FINANCIAL INFORMATION REQUESTED IN THE ATTACHED ANNEXURES. PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED IF THE INFORMATION IS NOT PROVIDED.

NAME OF PARENT OR GUARDIAN________________________________________________________

NAME OF EMPLOYER IF NOT SELF-EMPLOYED: ____________________________________________

IF UNEMPLOYED, STATE PERIOD OF UNEMPLOYMENT______________________________________

LAST EMPLOYER'S NAME: _______________________________________________________________

ARE YOU CURRENTLY SEEKING EMPLOYMENT? (Please provide detail)
______________________________________________________________________________________

ARE YOU DEPENDANT ON GOVERNMENT PENSION OR GRANT?  YES  NO

PARENT/GUARDIANS MONTHLY SALARY
(Please supply a certified copy of a wage slip or salary statement)

HOW MANY DEPENDANTS ARE THERE AT HOME? __________________________________________

HOW MANY MEMBERS OF YOUR FAMILY ARE WORKING? ___________________________________

WHAT IS THEIR TOTAL CONTRIBUTION TOWARDS HOUSEHOLD EXPENSES? ___________________

DOES THE FAMILY HAVE ANY ADDITIONAL INCOME?  YES  NO

IF YES, INDICATE AMOUNT AND SOURCE__________________________________________________
______________________________________________________________________________________

HOW MANY OTHER MEMBERS OF THE FAMILY ARE STUDYING AT A TERTIARY INSTITUTION? _____

<table>
<thead>
<tr>
<th>NAME</th>
<th>INSTITUTION</th>
<th>YEAR OF STUDY</th>
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<tbody>
<tr>
<td>1.</td>
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</table>
DECLARATION BY PARENT OR GUARDIAN

I _________________________________________ PARENT/GUARDIAN OF ________________________________

DO SOLEMNLY DECLARE AND AFFIRM:

1. That the particulars set forth above and the financial information provided in the attached annexures is, to the best of my knowledge and belief, true, correct and complete in all respects.

2. I acknowledge and accept that the submission of incomplete or incorrect information or the non-disclosure of any information could result in the Iqraa Trust, at its sole discretion:
   a. Not processing the application for the study loan
   b. Withdrawing any assistance that the Trust may have already approved or granted to the applicant.
   c. Demanding the immediate repayment of all monies advanced by the Trust to the applicant.

3. I am willing to stand as surety/guarantor for the repayment of the loan by the applicant and I will assume responsibility for the repayment of the loan should the applicant fail to do so.

PARENT / GUARDIAN’S SIGNATURE _________________________     DATE: ____________________
## SCHEDULE OF INCOME AND EXPENDITURE AND CREDIT AGREEMENTS

<table>
<thead>
<tr>
<th></th>
<th>SELF</th>
<th>SPOUSE</th>
<th>NOTES</th>
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</thead>
<tbody>
<tr>
<td><strong>MONTHLY INCOME</strong></td>
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<td></td>
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<tr>
<td>Salary (net of tax, pension, deductions)</td>
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<tr>
<td>Allowances</td>
<td></td>
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<tr>
<td>Commissions</td>
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<tr>
<td>Income from Investments</td>
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<tr>
<td>Rental Income</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total Income:</strong></td>
<td>A</td>
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<tr>
<th></th>
<th>SELF</th>
<th>SPOUSE</th>
<th>NOTES</th>
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<tbody>
<tr>
<td><strong>MONTHLY EXPENDITURE</strong></td>
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<tr>
<td>Rent / Bond repayments/Levy</td>
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<tr>
<td>Electricity &amp; Water</td>
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<tr>
<td>Rates &amp; Taxes</td>
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<tr>
<td>Maid/Gardener</td>
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<tr>
<td>Security System</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>Cellphone account</td>
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<tr>
<td>Groceries</td>
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<tr>
<td>Clothing accounts</td>
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<tr>
<td>Doctor/Chemist</td>
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<tr>
<td>Medical Aid</td>
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<tr>
<td>School/University fees</td>
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<tr>
<td>Entertainment/Dining etc.</td>
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<tr>
<td>TV rental / M-Net / DSTV</td>
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<tr>
<td>Credit agreement repayments*</td>
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<tr>
<td>Transport / Petrol / Other</td>
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<tr>
<td>Credit card accounts</td>
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<td>Membership fees</td>
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<td>Donations</td>
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<td>Life assurance premium</td>
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<td>Insurance premiums</td>
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<tr>
<td>Maintenance / Alimony</td>
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<tr>
<td>Budgeted savings</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total Expenditure:</strong></td>
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</table>

* Details of credit agreement repayments to be furnished in the statement of assets and liabilities below and includes repayments on mortgage bonds, installment sale agreements, leases, credit cards and other charge cards from retailers.

INITIALS: ___________
STATEMENT OF ASSETS AND LIABILITIES

NAME _______________________________ ID NO: ________________________________

MARITAL STATUS
COP ANC ISLAMIC
SINGLE DIVORCED OTHER

ASSETS (SOUTH AFRICAN)

<table>
<thead>
<tr>
<th>FIXED PROPERTY</th>
<th>VALUE</th>
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<tbody>
<tr>
<td>SUBURB</td>
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<tr>
<td>STAND NUMBER</td>
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<tr>
<td>TYPE OF DWELLING</td>
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<td>DATE PURCHASED</td>
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<td>PRICE PAID</td>
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OTHER MOBILE ASSETS (E.G. VEHICLES, FURNITURE)
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INVESTMENTS / LISTED SHARES / SHARES IN LISTED COMPANIES / LOAN ACCOUNTS IN PRIVATE COMPANIES / MEMBERS INTEREST IN CLOSE CORPORATIONS / LOAN ACCOUNTS IN CLOSE CORPORATIONS / UNIT TRUSTS
TYPE OF INVESTMENTS SHARES WHERE HELD
R
R

BANK BALANCES
TYPE (E.G. SAVINGS / FIXED DEPOSIT / CURRENT ACCOUNTS, ETC.)
FINANCIAL INSTITUTION
R
R

LIFE / RETIREMENT POLICIES
NAME OF COMPANY
COVER (RA, LIFE, ETC.) AMOUNT MATURITY DATE
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R
R
R

TOTAL ASSETS R

LIABILITIES (SOUTH AFRICAN)

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<thead>
<tr>
<th>FIXED PROPERTY</th>
<th>OUTSTANDING BALANCE</th>
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<tr>
<td>SUBURB</td>
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<td>STAND NUMBER</td>
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<td>BONDHOLDER/SELLER</td>
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<td>MONTHLY REPAYMENT</td>
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INSTALMENT SALES / LEASES
FINANCE CO
TYPE OF ASSET
MONTHLY REPAYMENTS
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R
R

BANK OVERDRAFT / LOANS / ACCOUNTS / CREDIT CARDS ACCOUNTS (STATE WHETHER OVERDUE OR NOT)
TYPE OF LIABILITY INSTITUTION MONTHLY REPAYMENTS CREDIT FACILITY
R
R
R

CONTINGENT LIABILITIES (E.G. GUARANTEES, SURETYSHIPS, NOTARIAL BONDS) STATE BENEFICIARY AND INSTITUTION
R
R
R

TOTAL LIABILITIES R

SURPLUS R

*If insufficient space provided, kindly submit information as attachments

I hereby declare that this is a full, true and correct statement of my financial position and that my assets are not encumbered other than as stated above.

Dated at __________ on the _____day of ______________ 20 ___. Signature: ________________