



## APPLICATION FOR AN INTEREST-FREE\* 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. Applications will only be accepted from persons who are in possession of a South African Identity Document.
3. Iqraa Trust will **not** consider applications for funding to pay off any outstanding arrear amounts.
4. Only applications from students intending to pursue studies at an accredited educational institution in South Africa will be considered.
5. Only applications from students intending to pursue under-graduate studies will be accepted. Applications from students intending to pursue post-graduate studies will not be considered.
6. **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.
  - A Death Certificate must be submitted in each case where a parent/guardian is deceased
  - Matriculation results.
  - An electricity bill confirming the physical address of the parents or guardians.
  - Letters of acceptance or proof of registration from the institution where the applicant intends to study.
  - List of courses for which it is intended to register

- A fee statement for the intended courses of study.
- University banking details
- Statement of account from the Educational Institution where studying if applicable.
- Testimonial from the last school attended.
- Academic record of an applicant for all prior years' study at a tertiary institution.

7. A non-refundable Application Processing Fee 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:**

<b>BANK:</b>	ABSA Bank
<b>BRANCH:</b>	320 Anglo
<b>BRANCH CODE:</b>	632005 (Universal)
<b>ACCOUNT NAME:</b>	Iqraa Trust (SA)
<b>ACCOUNT No.:</b>	4067793072
<b>REF:</b>	Student's Name & Surname

Proof of deposit or confirmation of an electronic transfer must be submitted with the Application.

8. Applicants must submit certified copies of their academic / matric results by latest 30<sup>th</sup> April.
9. Iqraa Trust will not necessarily fund the total cost of study.
10. Funds will only be advanced after the signing of the Loan Documents between Iqraa Trust and the applicant.
11. In all cases parents or guardians will be required to act as guarantors/sureties for the Loan.
12. Applicants will be notified whether loans have been approved or declined by the last week of March.
13. Applicants must initial each page of the Application Form and sign Page Six of the Application Form in the presence of a Commissioner of Oaths.
14. \* T's and C's apply. The student loan granted herein is interest and /or profit free, EXCEPT under defaulters as per the signed Loan Documents between Iqraa Trust and the applicant.
15. Please note that the information provided in this application form and all supporting documents requested by Iqraa Trust is strictly private and confidential as per the **Protection of Personal Information Act 4 of 2013 (POPIA)** and will be used for the purpose of this application.

**For further information kindly visit our website at: [www.iqraatrust.org](http://www.iqraatrust.org)**

# IQRAA TRUST (SOUTH AFRICA)

Tel No: (031) 201 2911

P.O.BOX 50888  
MUSGRAVE  
4062

Website: [www.iqraatrust.org](http://www.iqraatrust.org)

## APPLICATION FORM FOR A STUDY LOAN

STRICTLY CONFIDENTIAL

CLOSING DATE FOR APPLICATION: 30 APRIL

PLEASE INDICATE WITH A TICK IF THIS IS A NEW APPLICATION  OR A RENEWAL   
IF THIS IS A RENEWAL PLEASE QUOTE YOUR IQRAA STUDENT 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 \_\_\_\_\_

**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 \_\_\_\_\_

**C. HEALTH INFORMATION**

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

YES	NO
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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 \_\_\_\_\_

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 \_\_\_\_\_

STATE THE YEAR IN WHICH YOU OBTAINED THE NATIONAL SENIOR CERTIFICATE (MATRICULATION CERTIFICATE). \_\_\_\_\_

STATE IF THE NATIONAL SENIOR CERTIFICATE QUALIFIES YOU FOR ADMISSION TO A BACHELOR'S DEGREE, DIPLOMA OR HIGHER 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. 2<sup>ND</sup>/3<sup>RD</sup>) \_\_\_\_\_

***PLEASE ATTACH CERTIFIED COPIES OF UNIVERSITY RESULTS OBTAINED TO DATE. PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOUR RESULTS ARE FURNISHED.***

**G. FUNDING REQUIREMENTS AND AMOUNT REQUIRED FROM IQRAA TRUST**

COURSE	ACADEMIC YEAR (1 <sup>ST</sup> /2 <sup>ND</sup> /3 <sup>RD</sup> )	TUITION FEE FOR THE SEMESTER / YEAR
1.		
2.		
3.		
4.		
5.		
<b>TOTAL AMOUNT OF FUNDING REQUIRED</b>		

AMOUNT OF FUNDS BEING APPLIED FOR TO IQRAA TRUST: R \_\_\_\_\_

**H. 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.

INSTITUTION	YEAR RECEIVED	ORIGINAL AMOUNT OF LOAN OR GRANT	CURRENT* BALANCE OUTSTANDING	MONTHLY* REPAYMENT(IF APPLICABLE)

**\*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 IN THE CURRENT YEAR? \_\_\_\_\_

IF YES, NAME THE INSTITUTION (OR SPONSOR IN THE CASE OF A NON-REPAYABLE 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
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**I.** IF YOU WISH TO WORK VOLUNTARILY FOR A FEW HOURS A WEEK AT IQRAA TRUST TO ASSIST OUR STAFF AND/OR OTHER STUDENTS, PLEASE CONTACT US AT ANY TIME, WE WILL REALLY APPRECIATE IT.

**H. REFERENCES**

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

NAME	RELATIONSHIP	TEL. NO. (HOME)	TEL. NO (WORK)	CELL NO.

## 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 has provided or may provide 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 \_\_\_\_\_ 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 they have read and understand the General Terms and Conditions on the Cover Page and the Declarations contained in this Application Form and that they have affirmed the correctness and accuracy of their answers on the Form and the Supplementary 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
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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
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IF YES, INDICATE AMOUNT AND SOURCE \_\_\_\_\_

\_\_\_\_\_

HOW MANY OTHER MEMBERS OF THE FAMILY ARE STUDYING AT A TERTIARY INSTITUTION THAT HAS BEEN FUNDED BY IQRAA TRUST? \_\_\_\_\_

NAME	INSTITUTION	YEAR OF STUDY
1.		
2.		
3.		

**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

SELF \_\_\_\_\_

ID NO: \_\_\_\_\_

SPOUSE \_\_\_\_\_

ID NO: \_\_\_\_\_

### MONTHLY INCOME

	SELF	SPOUSE	NOTES
SALARY (net of tax, pension, deductions)			
ALLOWANCES			
COMMISSIONS			
INCOME FROM INVESTMENTS			
RENTAL INCOME			
OTHER			
<b>TOTAL INCOME:</b> <b>A</b>			

### MONTHLY EXPENDITURE

	SELF	SPOUSE	NOTES
RENT / BOND REPAYMENTS/LEVY			
ELECTRICITY & WATER			
RATES & TAXES			
MAID/GARDENER			
SECURITY SYSTEM			
TELEPHONE			
CELLPHONE ACCOUNT			
GROCERIES			
CLOTHING ACCOUNTS			
DOCTOR/CHEMIST			
MEDICAL AID			
SCHOOL/UNIVERSITY FEES			
ENTERTAINMENT/DINING ETC.			
TV RENTAL/M-NET/DSTV			
CREDIT AGREEMENT REPAYMENTS*			
TRANSPORT/PETROL/OTHER			
CREDIT CARD ACCOUNTS			
MEMBERSHIP FEES			
DONATIONS			
LIFE ASSURANCE PREMIUM			
INSURANCE PREMIUMS			
MAINTENANCE/ALIMONY			
BUDGETED SAVINGS			
OTHER:			
OTHER:			
OTHER:			
<b>TOTAL EXPENDITURE:</b> <b>B</b>			

\* 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\*

\* Wherever space is insufficient kindly submit information as attachments.

NAME \_\_\_\_\_

ID NO: \_\_\_\_\_

<b>MARITAL STATUS</b>	<b>COP SINGLE</b>	<b>ANC DIVORCED</b>	<b>ISLAMIC OTHER</b>
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### ASSETS (SOUTH AFRICAN)

FIXED PROPERTY					VALUE
SUBURB	STAND NUMBER	TYPE OF DWELLING	DATE PURCHASED	PRICE PAID	
				R	R
				R	R
OTHER MOVABLE ASSETS (E.G. VEHICLES, FURNITURE)					
					R
					R
					R
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 / RETIRMENT POLICIES				SURRENDER VALUE	
NAME OF COMPANY	COVER (RA, LIFE, ETC.)	AMOUNT	MATURITY DATE		
		R		R	
		R		R	
TOTAL ASSETS					R

### LIABILITES (SOUTH AFRICAN)

FIXED PROPERTY				OUTSTANDING BALANCE
SUBURB	STAND NUMBER	BONDHOLDER/SELLER	MONTHLY REPAYMENT	
			R	R
			R	R
INSTALMENT SALES / LEASES				
FINANCE CO	TYPE OF ASSET	MONTHLY REPAYMENTS	FINAL REPAYMENT DATE	
				R
				R
BANK OVERDRAFT / LOANS / ACCOUNTS / CREDIT CARDS ACCOUNTS (STATE WHETHER OVERDUE OR NOT)				
TYPE OF LIABILITY	INSTITUTION	MONTHLY REPAYMENTS	CREDIT FACILITY	
				R
				R
CONTINGENT LIABILITIES (E.G. GUARANTEES, SURETYSHIPS, NOTARIAL BONDS) STATE BENEFICIARY AND INSTITUTION				
				R
				R
TOTAL LIABILITIES				R
SURPLUS				R

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: \_\_\_\_\_