

STUDY LOAN APPLICATION FORM

I he application form should be typ	ewritten or legib	ily written in B	LOCK LETTERS	S. (Indicate "NA" if any	field is not app	licable)		
Please state when the STUDY LOAN (SL) is to take effect from:	-	Term:		Academic Year	:	Ref no.: (for office us	se only)	
Application of Study Loan (SL) for: ☐ Tuition Fee and/or ☐ Liv	ving Allowances	Student ID:						
A. PARTICULARS OF BORROWER				Manital Otatura		Data of Divide		
Full Name as in NRIC/Passport: *Mr / Mdm / Miss (please underline :	surname)			Marital Status:		Date of Birth:		
NRIC/Passport/Fin No.:	y of Issue:	•			Citizenship:			
Permanent Home Address: (in Singapore) Mailing Address: (n Singapore)			Home Tel. No.: (in Singapore)		
Email Address:						Mobile No.: (in Singapore)		
Overseas Home Address: (For foreigners only, PRCs to complete in	Hanyu Pinyin)					Overseas Tel No.:		
B. PAST AND PRESENT EMPLOYMENT								
Appointment Appointment Nature S.	alary/Month (So	GD)	Name and	Address of Employer	•	From (date)	To (date)	
In this FBFS section, you are required to provide personal info if you are SINGLE, your family members are: a) Parents (regardless if staying with you or not) b) Siblings and other relatives staying in the same c) Guardians (if your parents are not your guardia if you are MARRIED, your family members are: a) Spouse b) Children c) Parents (regardless if staying with you or not) d) Siblings and other relatives staying in the same if the parents (regardless if staying with you or not) d) Siblings and other relatives staying in the same if the parents (regardless if staying with you or not) in the same in the parents (regardless if staying with you or not) d) Siblings and other relatives staying in the same in the parents	ormation of your household as y household as y Self-employed, L CPF etc. Indicat ployer's certifica	self, your imm ou. Jnemployed, F te \$0.00 if thei	ediate and your Retrenched, Houre is no income of	isewife, Retired or Deco				
FAMILY MEMBER 1 Name:			Agai		Relationship			
Name.			Age:		Relationship			
Highest Educational Level:	Marital Status:				Living in the	same household: Yes /	/ No*	
Employment Status:	Job Title/Occupation:			Name of Company./School:				
Gross Monthly Income/Pension*:	S\$ per month R			Remarks:				
Gross Annual Bonus [†] :	S\$ per annum							
Monthly Contribution to Family:	S\$ per month							
FAMILY MEMBER 2					D 1 (; 1;			
Name:			Age:		Relationship			
Highest Educational Level:	Marital Status	S:			Living in the same household: Yes / No*			
Employment Status:	Job Title/Occ	cupation:			Name of Company./School:			
Gross Monthly Income/Pension ⁺ :	S\$			per month	Remarks:			
Gross Annual Bonus [†] :	S\$			per annum				
Monthly Contribution to Family:	S\$			per month				
FAMILY MEMBER 3			Agai		Deletionship			
Name:			Age:		Relationship			
Highest Educational Level:	Marital Status	S:			Living in the same household: Yes / No*			
Employment Status:	Job Title/Occ	cupation:			Name of Company./School:			
Gross Monthly Income/Pension [†] :	S\$ per month			Remarks:				
Gross Annual Bonus [†] :	S\$ per annum							
Monthly Contribution to Family:	S\$			per month				
FAMILY MEMBER 4 Name:			Age:		Relationship	:		
Highest Educational Level:	Marital Status	s·	7.90.					
					·	same household: Yes /	/ No*	
Employment Status:	Job Title/Occ	cupation:			Name of Company./School:			
Gross Monthly Income/Pension *:	S\$	per month			Remarks:			
Gross Annual Bonus ⁺ :	S\$ per annum			per annum				
Monthly Contribution to Family:	S\$ per month							

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FAMILY	MEMBER 5									
Name:					Age:		Relationship:			
Highest Educational Level: Marital Status:			Ī.		Living in the same household: Yes / No*					
Employment Status: Job Title/Occupation:			Name of Company							
Gross Mon	athly Income/Pension ⁺ :			S\$		per month	Remarks:			
	ual Bonus ⁺ :			S\$		per annum	-			
Monthly Co	ontribution to Family:			S\$		per month	-			
Total no. o	of family members:				Total amou	unt of contribution:				
C2. OT	THER INFORM	IATION								
			rs a bankrupt?	If Yes, please provide relevant	supporting of	documentation.			☐ Yes	☐ No
b) Have	Have you been or are you suffering from any physical impairment, critical or terminal illness? If Yes, please provide relevant medical re							orts.	☐ Yes	☐ No
c) Have	e you ever been cha	rged in a cou	in a court of law in any country? If so, please elaborate:						☐ Yes	☐ No
d) Do y	ou have any siblings	studying in	a polytechnic	or university? If Yes, please pro	vide further	information as follow	vs:		☐ Yes	☐ No
	LING 1 e of Sibling:									
Ivaine	e or orbining.									
Name	e of Institution:					Qualification leading	g to:			
Count	try of Institution:							Year of	Study:	
Edua	astian is luca financa d	l bu the fellow	da.a.							
	cation is/was financed I. Scholarship	Yes	/ing:	If Yes, name of the Scholarship :				Annual Amount:		
	I. Grant or Bursary	☐ Yes	□ No	If Yes, name of the Scholarship:				S\$		
_	III. Loan					S\$				
IV	/. Family	☐ Yes	□ No	,				S\$		
	LING 2									
Name	e of Sibling:									
Name	e of Institution:					Qualification leading	g to:			
Count	try of Institution:							Year of	Study:	
	•									
	cation is/was financed		_						Annual Amount:	
	I. Scholarship	Yes Yes	□ No □ No	If Yes, name of the Scholarship:				S\$ S\$		
-	II. Grant or Bursary I. Loan	Yes Yes	□ No	If Yes, name of the Grant/Bursary If Yes, name of the Loan:	:					
	/. Family	Yes	□ No	ii res, name of the Loan :				S\$ S\$		
				RAGE MONTHLY EX	PENDITU	JRE		Οψ		
	cluding the ex	penditure		who are married and n		with your pare	<u> </u>		44401111	T.00
Food	EXPEN	1959		AMOUNT S\$	a)	OTHER EXPENS	ES (DETAILS)		AMOUN	1 5\$
	nt or Monthly Instalment	ts paid by cast	h		b)					
Public Utiliti										
Transport					d)					
				Total Monthly Expen	<u> </u>	<u> </u>				
C4. ES	STIMATE OF A	PPLICA	NT'S UNIV	ERSITY EXPENSES			AR			
	EXPEN	ISES		AMOUNT S\$		OTHER EXPENS	ES (DETAILS)		AMOUN	TS\$
Tuition Fee					a)					
Hostel Fees	* */				b)					
Books and Stationery c)										
Food				Tacimo an E	d)	,				
CE OF	THED SOUDE	ES OF IN	COME	Total Monthly Expen	diture: S					
C5. OTHER SOURCES OF INCOME Other Sources of Family Income Per Year: Savings Interest / Rental Income / Financial help from organization / Others* Remarks (if any): S\$					S\$	per y				
Cash Savings of parents (if single) / of spouse (if married):						S\$				
					·					
Your own Cash Savings:						S\$				

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C 0.	EXPLAIN BRIEFLY ON YO	OR CORRENT	PAMILY SITUATION	JN AN	D TOOK NEED	TORTINA	INCIAL AID		
	FINANCING BEQUIRES								
D.	FINANCING REQUIRED e you applied for the following Loans? If	ves please provide f	ollowing details Indicate "N	JΔ" if not	annlicable				
Tiave	Name of Loan	• •	of Application		nount of Loan Applied ((S\$)	Academic Year		
a)	Tuition Fee Loan	2410		7.0.		, • • • • • • • • • • • • • • • • • • •	A Common Pour		
۵,									
b)	CPF Approved Education Scheme								
c)	Mendaki Tertiary Tuition Fee Subsidy (TTFS) Scheme								
E.	LIST ANY PREVIOUS APPL	ICATION FOR	SCHOLARSHIP/BI	JRSAR	RIES/STUDY LO	ANS TO T	HE UNIVERSITY		
	applicable, please indicate "NA".			71(711)	0,0100				
	Date of Application	Name of Awar	d/Loan		/alue of Award/Loan (S	\$)	Outcome of Application		
	ARE YOU IN RECEIPT OF (FINANCIAL ASSISTANCE (RIES/STUI	DY LOANS OR OTHER		
If not	applicable, please indicate "NA". Date of Application	Name of Awar	d/I can		/alue of Award/Loan (S	¢)	Outcome of Application		
	Date of Application	Name of Awar	u/Loan	\	value of Award/Loan (S	۵)	Outcome or Application		
	DARTICUL ARC OF CUAR	WEOD							
G. Guara	PARTICULARS OF GUARA antor's Full Name as stated on NRIC/Passpor		se underline surname / family i	name)		Date of Birth: Of age.	Guarantors must be between 21 & 60 years		
NRIC	/Passport/Fin No.:		Student ID.: (if an SUTD stu	udent ID.: (if an SUTD student)			Citizenship:		
Marita	al Status:		Relationship to Loan Applicant:		Occupation:				
Permanent Home Address: (in Singapore)			Mailing Address: (in Singapore)			Home Tel. No.: (in Singapore)			
Overseas Home Address: (For foreigners only, PRCs to complete in Hany)						Overseas Home Tel. No.:			
	Address:		Mobile No: (In Singapore)			Overseas Mobile No:			
	e & Address of Employer:					Office Tel. No.:			
If you	u are a guarantor of any other student's	ioan, please provide			T (F	:1:4.	Amazini 0		
1.	Name of Borrower		Name of Lender		Type of Facility		Amount Guaranteed		
2.									
3									
In con i)deck govern ii) agr soft co iii) cor of my accord iv) I a	DECLARATION BY BORROWER isideration of DBS Bank agreeing to grant me are that (a) I am not a bankrupt; (b) the inform ning the SL. ee to be bound by DBS Bank's Privacy Policy popy from DBS Bank's website (DBS' website nsent to the collection, use, discobsure and pr accounts/facilities with DBS Bank (whether dance with the terms & conditions governing m aware of Singapore's firm stance against il latform for illegal activities.	the SL on behalf of SUnation given in this application given in this application, as may be amended, sat www.dbs.com.sg/privaocessing of my information in the bloom or jointly), the SL and DBS Bank's land the sunation in the sunati	eation is true and correct; (c) I I supplemented or substituted by accy); or (b) obtaining a hard coion and particulars relating to a any transaction or dealings be privacy Policy, as may be ame	/ DBS Ban opy from a land in conr between me	k from time to time. DBS DBS/POSB branch; nection with me (whether e and/or SUTD and DB IBS Bank from time to tin	Bank's Privacy F contained in this S Bank, my cred ne.	Policy can be obtained by (a) downloading a application or otherwise), any and all dit standing and financial position, in		
I understand that the provision of any inaccurate or false information will render this application invalid. I understand that the University and/or the bank administering the SL Scheme reserve the right to reject my application without assigning any reasons.									
I hereby consent to the University collecting, using, disclosing and processing the information given by me in this application and any other personal data and information on my academic performance in University courses and participation in University activities and programmes, for the purpose of assessing, processing or administering this application or the SL.									
Signature of the Borrower: Date:									

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I. DECLARATION BY GUARANTOR						
Inhereby: i)declare that (a) I am not a bankrupt; (b) the information given in this application is true and correct; (c) I have not wilfully withheld any material fact; and (d) I have understood all the terms & conditions governing the SL. ii) agree to be bound by DBS Bank's Privacy Policy, as may be amended, supplemented or substituted by DBS Bank from time to time. DBS Bank's Privacy Policy can be obtained by (a) downloading a soft copy from DBS Bank's website (DBS' website at www.dbs.com.sg/privacy ; or (b) obtaining a hard copy from a DBS/POSB branch; iii) consent to the collection, use, disclosure and processing of my information and particulars relating to and in connection with me (whether contained in this application or otherwise), any and all of my accounts/facilities with DBS Bank (whether held alone or jointly), any transactions or dealings between me and/or SUTD and DBS Bank, my credit standing and financial position, in accordance with the terms & conditions governing the SL and DBS Bank's Privacy Policy, as may be amended by DBS Bank from time to time. iv) I am aware of Singapore's firm stance against illegal and illicit activities. I confirm that my application for this facility/prod uct is not for illegitimate purposes and that this facility/product will not be used as a platform for illegal activities.						
I understand that the University and/or the bank administering the SL Scheme reserve the right to reject my application without assigning any reasons.						
I hereby consent to the University collecting, using, disclosing and processing the information given by me in this application for the purpose of assessing, processing or administering this application or the SL.						
Signature of the Guarantor: Date:						
FOR OFFICE USE ONLY						
Application is : Approved Not Approved	Email sent/ Letter issued? ☐ Yes ☐ No					
Remarks:	Date sent/issued:					
By: Date:						

* please delete accordingly

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