

Monthly Contribution to Family:

STUDY LOAN APPLICATION FORM

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Please state when the STUDY LOAN (SL) is to take effect from:	Term: Academic Year:			Ref no.: (for office use only)			
Application of Study Loan (SL) for: ☐ Tuition Fee and/or ☐ Liv	ing Allowances	Student ID:					
A. PARTICULARS OF BORROWER				M 31 101 1		D + (D) #	
Full Name as in NRIC/Passport: *Mr / Mdm / Miss (please underline :		Marital Status:			Date of Birth:		
NRIC/Passport/Fin No.:	y of Issue:			Citizenship:			
Permanent Home Address: (in Singapore)	Address: (in S	ingapore)		Home Tel. No.: (in Singapore)			
Email Address:					Mobile No.: (in Singapore)		
Overseas Home Address: (For foreigners only, PRC address to be fi	ovin)				Overseas Tel No.:		
, , ,		<i>.y,</i>				Overseus Fer No.:	
B. PAST AND PRESENT EMPLOYMENT Appointment Appointment Nature S.	Address of Employer		From (date)	To (date)			
7,ppomimont 1,ppomimont ractar 6	alary/Month (SC	,	Trainio ana	ridarede er Empleyer		rrom (dato)	10 (date)
C. FAMILY BACKGROUND & FINANCIA 1. In this FBFS section, you are required to provide personal info			diata and you	non immediate family	mamhara		
If you are SINGLE, your family members are:	ormation of your	seii, your imme	ediale and your	non-immediate family	nembers.		
a) Parents (regardless if staying with you or not) b) Siblings and other relatives staying in the same	household as v	OU					
c) Guardians (if your parents are not your guardia		ou.					
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	household as v	ou.					
4. Employment status: Student, NS men (full-time), Employed, S	Self-employed, U	nemployed, Re	etrenched, Hou	sewife, Retired or Dece	eased.		
 Gross Income or Bonus refers to amount before deduction of All information on salary/income must be accompanied by em 							
C1. INFORMATION ON FAMILY MEMBER	RS						
FAMILY MEMBER 1							
Name:			Age:		Relations	nip:	
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			Remarks:			
Gross Annual Bonus ⁺ :	S\$ per annum						
Monthly Contribution to Family:	S\$ per month						
FAMILY MEMBER 2			A = 0.		Deletions	him	
Name:			Age:		Relations	nip:	
Highest Educational Level:	Marital Status	Marital Status:			Living in the same household: Yes / No*		
Employment Status:	Job Title/Occ	upation:			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 Name:			Age:		Relations	hin:	
	T		7 igo.		rtolationo	p.	
Highest Educational Level:	Marital Status	S:			Living in t	he same household: Yes /	No*
Employment Status:	Job Title/Occupation:			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:		Relations	hip:	
Highest Educational Level:	Marital Status	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			per month	Remarks:		
Gross Annual Bonus [†] :	S\$ per annum			1			
	•				•		

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per month

S\$

FAMILY	MEMBER 5									
Name:					Age:		Relationship:			
Highest Edu	cational Level:			Marital Status:			Living in the same household: Yes / No*			
Employment	t Status:			_			Name of Company./S			
Gross Month	hly Income/Pension+:			S\$ per month Remarks:						
Gross Annua	-			5\$ per monu						
	ntribution to Family:			S\$	<u>'</u>					
,	family members:				Total amou	unt of contribution:				
	HER INFORM		n a hankuunt	If Voc. places provide relevant	ounnerting.	decumentation			□ V···	
a) Are you or any of your family members a bankrupt? If Yes, please provide relevant supporting documentation.							orto.	Yes	□ No	
							☐ Yes	□ No		
				or university? If Yes, please pro		information as follow	Nc.		☐ Yes	□ No
	.ING 1	studying in a	a polytechnic (or university? If Tes, please pro	Mue lui lilei	illioittiatiott as ioliov	vs.		u res	I INO
	of Sibling:									
Name	of Institution:					Qualification leading	g to:			
Countr	ry of Institution:							Year of	Study:	
Educa	ition is/was financed	by the follow	ing:						Annual Amou	nt:
I.	Scholarship	□Yes	□No	If Yes, name of the Scholarsh	ip:			S\$		
II.	Grant or Bursary	□Yes	□No	If Yes, name of the Grant/Burs	Yes, name of the Grant/Bursary :					
	Loan	<pre>!Yes</pre>	□ No	If Yes, name of the Loan :	If Yes, name of the Loan:					
	. Family	<pre>!Yes</pre>	□No					S\$		
	ING 2 of Sibling:									
Name	of Institution:					Qualification leading	g to:			
Countr	ry of Institution:							Year of	Study:	
	ation is/was financed . Scholarship	by the followi	ing:	Yes, name of the Scholarship : S\$					nt:	
	Grant or Bursary	Yes	□ No							
	Loan	☐ Yes	□ No	If Yes, name of the Loan :						
IV.	Family	☐ Yes	□ No		r Yes, name of the Loan:					
C3. DE	TAILS OF YO	UR FAMI	ILY'S AVE	RAGE MONTHLY EX	PENDITU	JRE				
(ex	cluding the exp		of siblings	who are married and no	ot staying	with your pare OTHER EXPENS			AMOUN	T SE
Food	EXFLI	ISES		AIMOUNT 35	a)	OTHER EXPENS	ES (DETAILS)		AWOUN	1 39
	or Monthly Instalment	ts paid by cash	<u> </u>		b)					
Public Utilitie	•				c)					
Transport					d)					
•				Total Monthly Expen	diture: S	<u> </u>				
C4. ES	TIMATE OF A	PPLICA	NT'S UNIV	/ERSITY EXPENSES I		ACADEMIC YE	AR			
	EXPEN	ISES		AMOUNT S\$		OTHER EXPENS	ES (DETAILS)		AMOUN	TS\$
Tuition Fee					a)					
Hostel Fees					b)					
Books and S	Stationery			c)						
Food					d)					
CE OF	UED COURS	ec or 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): Sources of Family Income Per Year: Savings Interest / Rental Income / Financial help from organization / Others*					S\$		per year			
Cash Savings of parents (if single) / of spouse (if married):					S\$					
Your own Cash Savings:					S\$					
TUUI UWII GASII SAVIIIUS.						i i				

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C6. EXPLAIN BRIEFLY Y	OUR CURRENT	FAMILY SITUATIO	N AND YOU	JR NEED FOR FINAN	CIAL AID		
D. FINANCING REQUIR		and provide following details	Indicate "NIA" if	not applicable			
Have you applied for any of the follow Name of Loan	wing Loans? If yes, plea	Date of Application		unt of Loan Applied (S\$)	Academic Year		
a) Tuition Fee Loan							
b) CPF Education Loan Scheme							
c) Mendaki Tertiary Tuition Fee Subs (TTFS) Scheme	idy						
E. LIST ANY PREVIOUS	APPLICATION	FOR SCHOLARSHIP	/BURSARIE	ES/STUDY LOANS TO	THE UNIVERSITY		
If not applicable, please indicate "NA		£ A	V-II		Outrom of Annihoution		
Date of Application	Name o	f Award/Loan	Vali	ue of Award/Loan (S\$)	Outcome of Application		
F. ARE YOU IN RECEIPT	OF OR HAVE Y	COLLABBLIED FOR	SCHOLARS	LUDE/DUDE A DIFE/ET	TUDY LOANS OF OTHER		
FINANCIAL ASSISTAL				MIPS/BURSARIES/S I	UDY LUANS OR UTHER		
If not applicable, please indicate "NA Date of Application		f Award/Loan	Valu	ue of Award/Loan (S\$)	Outcome of Application		
Bute of Application	Nume o	i Awara/Louri	Van	ac of Awara/Louit (Op)	outcome of Application		
G. PARTICULARS OF G	HADANTOD						
Guarantor's Full Name as stated on NRIC		s (please underline surname / fa	mily name)		h: Guarantors must be between 21 & 60 years		
				of age.			
NRIC/Passport/Fin No.:		Student ID.: (if an SUT	D student)	Citizenship	Citizenship:		
Marital Status		Relationship to Loan A	nnlicant:	Occupation	Occupation:		
Marital Status:		Relationship to Loan A	ррпсант.	Occupation	occupation.		
Permanent Home Address: (in Singapore)		Mailing Address: (in Si	ngapore)	Home Tel.	Home Tel. No.: (in Singapore)		
Overseas Home Address: (For foreigners	Hanvu Pinvin):		Overseas H	Overseas Home Tel. No.:			
everence riome riddresse. (i or rereignere	rianyar mymy.		0.000001	ionio roi. rio			
Email Address:	Mobile No: (In Singapo	ore)	Overseas N	Overseas Mobile No:			
Name & Address of Employer:				Office Tel	Office Tel. No.:		
ramo a radioso di Employor.				Office Total			
If you are a guarantor of any other st	udent's loan, please pr	ovide the following details:		I I			
Name of Borrower		Name of Lender		Type of Facility	Amount Guaranteed		
2.							
3							
H. DECLARATION BY BORR	OWER						
In consideration of DBS Bank agreeing to	grant me the SL on behalf			Illy withheld any material fact: and	(d) I have understood all the terms & conditions		
governing the SL.	·		. ,		cy 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 ha	rd copy from a DB	S/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 transaction 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.							
					ses and that this facility/product will not be used		
v) consent to SUTD collecting, using, discl courses and participation in SUTD activities					on on my academic performance in SUTD		
vi) consent to SUTD, its agent and/or any otherwise, to collect, use and disclose any	other persons who in their	capacity or office have access t	o SUTD's or its ago	ent's records, whether contained in			
	Singapore collecting, using	and disclosing the Loan Informa	ation and any other	relevant personal data collected b	y other Government entities from and to SUTD		
administration, statistics, and policy formula		2 2 2 2 3 0 1 1 agol					
I understand that the provision of any inac reject my application without assigning an		will render this application inval	id. I understand tha	at the University and/or the bank a	dministering the SL Scheme reserve the right to		
Signature of the Borrower:	, 	ı	Date:				
Signature of the Benefit.							

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I hereby: 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.sq/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/product is not for illegitimate purposes and that this facility/product will not be used as a platform for illegal activities. v) consent to SUTD, its agent and/or any other persons who in their capacity or office have access to SUTD's or agent's records, whether contained in the loan application, loan agreement or otherwise, to collect, use and disclose any data or information relating to my accounts and affairs (the "Loan Information") to the Government of Singapore for the purpose of loan administration. vii) further consent to the Government of Singapore collecting, using and disclosing the Loan Information and any other relevant personal data collected by other Government entities from and to SUTD, its agents and/or any other persons who in their capacity or office have a								
Signature of the Guarantor: Date:								
FOR OFFICE USE ONLY Application is: Approved Not Approved	Email sent/ Letter issued?							
Remarks:	Date sent/issued:							
By: Date:								

* please delete accordingly

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