



Declaration Form

I (we) declare that the information on this form to the best of my (our) knowledge and belief is true, correct and complete.

In signing this document I (we) agree to:

1. Participate in any evaluation study conducted by the SLB;
2. The disclosure of my personal information to the Debt Collections/Attorneys , in the electronic and printed media in the event of my defaulting on my obligation to repay all debts (including interest, insurance and charges), and to take any other measures for the recovery of the debt, as they deem necessary and which the SLB Council may from time to time approve;
3. Allow the verification of the information provided by me during the application for a loan
4. Give the SLB my irrevocable authority to instruct my present and future employers to deduct the amount necessary to settle the outstanding sum due to the SLB in respect of my loan from the salary and any other sums due to me from my said employers and to apply the said sum received from my employer to liquidate any amount outstanding on my loan to SLB in the sole discretion of the SLB.
5. Agree for the SLB to glean credit reports from the Credit Bureaus throughout the tenure of my loan contract;
6. Authorize the SLB to withhold disbursement of additional funds if I default on my loan contract;
7. Authorize the SLB to garner information from my tertiary institution and or my previous or current place of employment regarding my contact information and/or employment details.
8. Recognize that this declaration supersedes all other declarations signed by me before in connection with my loans at the SLB.
9. Recognize that by affixing my signature hereto I am accepting all the terms and conditions outlined in the Master Agreement of the SLB Loan , the Promissory Note and the Certificate of Agreement of Student Loan [Insurance] of which this declaration shall form a part

Signature of Student

Date

Witness

(SLB Representative/Medical Doctor /Attorney at-Law or Justice of the Peace Only)

Date

Signature of Principal Borrower

Date

Witness

(SLB Representative/Medical Doctor /Attorney at-Law or Justice of the Peace Only)

Date