## MINISTRY OF FINANCE STUDENT LOAN AGENCY

## **GUARANTOR'S AFFIDAVIT**

SECTION A PARTICULARS RELATING TO BORROWER				
1. Full Name		2. Address &	Phone Number	3. University of Guyana
				Campus
SECTION B	D.A.	DTICIII ADC DEI	ATING TO CHADANTOD	
1. Full Name	PA		LATING TO GUARANTOR ame Used (If Any)	3. Telephone #
1. Full Name		z. Frevious N	anie oseu (ii Aliy)	5. Telephone #
4. Nationality	5. Age & D.O.B:	6. Permanent	Address	7. Relationship to Borrower
8. Occupation	Yrs Day Month Yo	ear 9 Place of W	ork (state name & address of	10. Telephone # (work)
o. Occupation			ice/School to which attached	
11. Name of Employer		12. Period of	Employment	13. Net Income per Annum
14. Name(s) of Pers	on(s) Whose Student Lo	pan(s) Was/Were	Previously Guaranteed:	\$
	.,		•	
l				
II				
III				L
anamyoy a	DEC	WARANION BY	CVI AD ANIMOD	
SECTION C DECLARATION BY GUARANTOR				
I hereby declare that the above information is true and correct. I guarantee to repay the full amount, or any part				
thereof, which may become due and repayable as a result of the borrower's failure to honour his/her obligation under the terms and conditions stipulated in Clause 4 of the Loan Agreement between the Government of Guyana (The				
Lender) and for the Academic Year 2017/2018.  FULL NAME OF STUDENT				
GUARANTOR'S INI			Taxpayer Identification Number:	
Passport Number:			Date of Issue(or	
Da	ite of Issue:		Amendment if Later):	
			Signature of Guara	antor:
	Date:			Date:
SECTION D ATTESTATION BY COMMISSIONER OF OATHS TO AFFIDAVITS				
Taken and acknowledged by the said before me the				
	NAME OF COMMISSIONER OF OAT			_ Two Thousand and Seventeen.