

GRAND CANYON UNIVERSITY

AFFIDAVIT OF SPONSOR

TO BE COMPLETED BY STUDENT:	
	First name:
Date of birth:	School ID#
TO BE COMPLETED BY THE SPONSOR:	
Surname name: WILBERT JENA Address: 26, LUMUMBA STREET, KALEM	First name: KIKWSBATI
Address: 26, LUMUMBA STREET, KALEM	THE D.R. CONGO
Telephone: 7243 8435036 78	
Relationship to student: Parent 🗆 Legal Guardian 🗆 Oth	er:
Evidence of funds have been provided in the following:	
An official bank statement on bank letBank letterhead stationery signed by a	terhead confirming evidence of funds bank official confirming evidence of funds
I hereby certify that I will provide the support noted below for understand that this statement is being made for the purpose should I not provide the support guaranteed, the University is and that he/she will likely be unable to continue his/her educe. Support to be provided: (USD) \$ Signature of Sponsor:	e of issuing a U.S. government document and that s not under any obligation to support the student,
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FINANCIAL GUARANTEE FOR INTERNATIONAL STUDENTS



A. APPLICANT'S STATEMENT

I certify that the minimum U.S. funds needed as listed in the section entitled "Graduate/Undergraduate Expense Worksheet" (above) are available to me from the following source(s).

CHECK THE OPTIONS THAT APPLY AND OBTAIN THE APPROPRIATE SIGNATURE	Q.
Private Sponsor. NOTE: Section B must be completed by Private Sponsor and Section C must be completed by a bank official	
Personal Savings. NOTE: Section C must be completed by a bank official.	
PRINTED NAME	
SIGNATURE: DATE/ **PLEASE REMEMBER THAT YOU WILL BE FINANCIALLY RESPONSIBLE FOR YOUR ENTIRE PROGRAM OF STUDY**	
B. SPONSOR'S STATEMENT I, as a private sponsor, am willing and able to guarantee the financial support of the applicant according to the amounts stated in the s entitled "Graduate/Undergraduate Expense Worksheet" of this form for the duration of his/her studies at University of Advancing Technam not a non-immigrant student in the United States.	
SPONSOR'S PRINTED MAME: WILBERT SEYA KIKWEBATI	
SIGNATURE: DATE OF 1/12/12/12/12	
ADDRESS: 26 LUMANBA STREET	
CITY/STATE: KALEMIE, D.R. CONGO ZIP	
RELATIONSHIP TO APPLICANT: FATHER	
WORK PHONE: +2438135036 78	
C. BANK CERTIFICATION This is to certify that the minimum U.S. funds as indicated in the section entitled "Graduate/Undergraduate Expense Worksheet" of this on deposit in this bank/financial institution in the name of:	form are
PRINTED NAME TRUST MERCHANT BANK S.A	
No liability is assumed by the bank. Statement from the bank/financial institution must be written in English. The bank certification must official bank letterhead and the funds available must be stated in U.S. dollars or an exchange rate must be listed for conversion. The finguarantee form must also be current within a 6-month period prior to the student's start date.	t be on nancial
SIGNATURE OF BANK OFFICIAL: DATE 07/12/2023	
TITLE: BRANCH MANAGER	
TYPED NAME AND ADDRESS OF BANK/FINANCIAL INSTITUTION: TRUST MERCHANT BANK S.A. & CONGO	
AFFIX BANK SEAL/ORIGINAL STAMP TRUST MERCHANT RANK S.A.	

RCCM: CD/L'SHI/RCCM/14-B-1624 (NRC 9063) ld. Nat.: 6-610-N42165K R.D. CONGO

TMB TRUST MERCHANT BANK S.A.

COMPTE: 00017-25300-07140760101-47 ANCIEN FORMAT: 1231-0714076-01-31 USD

INTITULE: SEYA KIKWEBATI WILBERT

RELEVE DE COMPTE CLIENT

Edité le 12-07-2022 10:26:30 / LENC310

DU: 10-05-2022 AU: 12-07-2022

TRUST MERCHANT BANK S.A.

RCCM: CD/L'SHI/RCCM/14-B-1624 (NRC 9063) Id. Nat.: 6-610-N42165K

R.D. CONGO

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