

**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<br><br>Campus |

| SECTION B  |   | PARTICULARS RELATING TO GUARANTOR   |                             |
|--|---|---|-----------------------------|
| 1. Full Name   |   | 2. Previous Name Used (If Any)  |                             |
| 3. Telephone #   |   |   |                             |
| 4. Nationality   | 5. Age & D.O.B:   | 6. Permanent Address  | 7. Relationship to Borrower |
|  | <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Yrs</span> <span>Day</span> <span>Month</span> <span>Year</span> </div> |   |                             |
| 8. Occupation  |   | 9. Place of Work (state name & address of Branch Office/School to which attached) |                             |
| 10. Telephone # (work)   |   |   |                             |
| 11. Name of Employer   |   | 12. Period of Employment  |                             |
| 13. Net Income per Annum   |   | \$  |                             |
| 14. Name(s) of Person(s) Whose Student Loan(s) Was/Were Previously Guaranteed:   |   |   |                             |
| <div style="margin-bottom: 10px;">I. _____</div> <div style="margin-bottom: 10px;">II. _____</div> <div>III. _____</div> |   |   |                             |

| 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     |
| <b>GUARANTOR'S INFORMATION</b>   |  |                          |
| Passport Number: _____<br><br>Date of Issue: _____   | Taxpayer Identification Number: _____<br><br>Date of Issue(or Amendment if Later): _____<br><br>Signature of Guarantor: _____<br><br>Date: _____ |                          |

| SECTION D | ATTESTATION BY COMMISSIONER OF OATHS TO AFFIDAVITS |
|-----------|--|
|-----------|--|

Taken and acknowledged by the said \_\_\_\_\_ before me the  
FULL NAME OF GUARANTOR

Undersigned \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Two Thousand and Seventeen.  
NAME OF COMMISSIONER OF OATHS

\_\_\_\_\_  
 Signature of Commissioner of Oaths to Affidavit