

100 Bothwell Street, Glasgow G2 7JD  
Telephone: 0141 243 3660 • Fax: 0141 306 2005 • Website: www.slc.co.uk

Calls may be recorded for training purposes and for fact verification

## Overseas Income Assessment Form - Complete if you are overseas

ART ID:

Customer Reference Number:

National Insurance Number  
(if applicable):

         

Date of Birth: DAY MONTH YEAR

The personal details held by us are shown above. If any details are incorrect, please enter the correct national insurance number and date of birth details below and/or confirm any name or address amends overleaf.

National Insurance Number  
(if applicable):

         

Date of Birth: DAY MONTH YEAR

In order to determine whether or not you need to make repayments, we need to establish what your employment status and potential income will be over the next 12 months.

Please give the date you left (or will leave) the UK:

DAY MONTH YEAR

Please give the date you will resume (or resumed) UK residency:

DAY MONTH YEAR

Please tick the relevant box in section A or B and complete section C with the details requested.

<p><b>A</b> In employment</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Self-employed (First Year)</p> <p><input type="checkbox"/> Self-employed (Subsequent Year)</p> <p><input type="checkbox"/> Voluntary Services Overseas</p>	<p><b>B</b> No current employment</p> <p><input type="checkbox"/> Unemployed (in receipt of State Benefit)</p> <p><input type="checkbox"/> Unemployed (in receipt of third party financial support)</p> <p><input type="checkbox"/> Travelling abroad (funds for self-support)</p> <p><input type="checkbox"/> Further study</p> <p><input type="checkbox"/> Other (please specify) .....</p>
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**C**

### Total Income

£ Sterling Other Name of Currency

Currency:

Total Earned Income:

Total Unearned Income:

Please provide evidence that shows us how you support yourself financially. Depending on your circumstances, this will include payslips, letters of engagement and other official documentation.

I confirm that the information I have given on this form is true and correct.

Your signature: ☒

Date: DAY MONTH YEAR



**Direct Debit is the preferred method of repayment and a Direct Debit Mandate is attached for completion. Please note: The details supplied must relate to an account held at a British Clearing Bank or Building Society.**

Please complete the whole form using a ball point pen and send it to:

Student Loans Company Limited,  
100 Bothwell Street,  
Glasgow  
G2 7JD.

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

(from the top right hand corner of your cheque)

Name and full postal address of your Bank or Building Society branch

To The Manager

Bank/Building Society

Address

  
  
  

Postcode

### Instruction to your Bank or Building Society to pay by Direct Debit



Originator's Identification Number

9	0	7	0	2	1
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Reference Number

#### Instruction to your Bank or Building Society

Please pay Student Loans Company Limited Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with the Student Loans Company Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

## Change/Correction of name and/or address

If your name and/or address have changed please provide us with your new details in BLOCK CAPITALS.

New Title:

New Forename(s):

New Surname:

New Address:

Country:

New Postcode:

## Contact Details

Please provide a telephone number and email address on which you can be contacted. Where providing a telephone number please also include the International Dial Code.

Home contact number:

Work/term contact number:

Mobile number:

Email address: