



Index #:S0658.0061.2019

### TAARIFA BINAFSI NA ANUANI ZA MWOMBAJI (APPLICANT'S PERSONAL DETAILS)

Jina Kamili (Full Name) : **MASUNGA, PETER BONIPHACE**  
Jinsia (Sex) : **Me**  
Tarehe ya Kuzaliwa (Date of Birth) : **2000-03-30**  
Mkoa ulikozaliwa (Birth Region) : **Simiyu**  
Barua Pepe (E-mail) : **silintunga@gmail.com**  
Wilaya Ulikozaliwa (Birth District) : **Bariadi**  
Namba ya Simu ya Mkononi(Mobile Phone ) : **0621830378**



### TAARIFA ZA BENKI (APPLICANT'S BANK DETAILS)

Jina La Benki (Bank Name) :  
TAWI (BANK BRANCH) :  
Namba ya Akaunti (Account Number) :  
Jina la mwenye akaunti (Account Holder Name) :

### TAARIFA YA ELIMU YA MWOMBAJI (EDUCATIONAL BACKGROUND)

Shule ya Sekondari Kidato cha Nne (O-level Secondary School): **MWAMAPALALA**  
Namba ya Mtahiniwa (Form Four Index Number): **S0658.0061.2019**

### Form IV Sitings:

Elimu baada ya Form IV - Form Six  
Shule ya Sekondari Kidato cha Sita (A-level Secondary School): **School : MUSOMA [ S0136 ]**  
Namba ya Mtahiniwa (Form Six Index Number): **S0136.0602.2022**

### TAARIFA ZA KIJAMII NA KIUCHUMI ZA MWOMBAJI (APPLICANT'S SOCIO-ECONOMIC DETAILS)

Hali ya wazazi/mlezi na Mwombaji. (Parents' Physical/Social-economic Status)

**Baba yuko hai :**

**Mama yuko hai**

Mwombaji hana ulemavu wowote (Applicant is NOT Disabled)

Wazazi wa mwombaji hawana ulemavu (Applicant's Parent are NOT Disabled)

### TAARIFA ZA WAZAZI/MLEZI (PARENT'S / GUARDIAN'S DETAILS)

Jina Kamili la Mama(Mother's Full Name) : **NGEME NYANDA**  
Anuani ya Posta ya Mama (Mother's Postal Address) : **360**  
Kazi ya mama: **Farmers**

Makazi ya Mama : **bariadi**  
Simu ya Mama (Mother's Mobile Phone ) : **0769609768**

Jina Kamili la Baba(Father's Full Name) : **NZUMBI M NTINGINYA**  
Anuani ya Posta ya Baba (Father's Postal Address) : **360**  
Kazi ya Baba: **Farmers**

Makazi ya Baba : **BARIADI**  
Simu ya Baba (Father's Mobile Phone ) : **0626834009**

### TAARIFA ZA MDHAMINI WA MWOMBAJI(APPLICANT'S GUARANTOR DETAILS)

Jina Kamili : **NTINYANGA, NZUMBI M**  
Kijiji/Mtaa : **sokoni**  
Wilaya : **Bariadi**  
Barua pepe : **silintunga@gmail.com**  
Namba ya kitambulisho : **T-1005-2167-435-5**  
Anwani ya Posta : **360**  
Kata/Shehia : **mhango**  
Mkoa : **Simiyu**  
Namba ya Simu ya mkononi : **0626834009**  
Aina ya kitambulisho : **Voter Reg. Card**



**TAFADHALI BOFYA KITUFE CHA KIJANI MWISHO WA UKURASA HUU KAMA UMEPITIA NA KUHAKIKI TAARIFA ULIZO JAZA (CLICK THE GREEN BUTTON BELOW IF YOU HAVE PREVIEWED ALL INFORMATION YOU HAVE PROVIDED)**

**NOTE: YOU WILL NOT BE ABLE TO EDIT ANY INFORMATION AFTER PRINTING THIS FORM**

**CONFIRM AND PRINT FORM FOR SIGNATURE AND DECLARATIONS (<https://olas.heslb.go.tz/index.php/olas/applicationpreview/PreviewConfirm>)**