



STUDENT LOAN SELF PROTECTION SCHEME CLAIM FORM

Kindly fill out form in legible BLOCK letters and submit together with the supporting documents.

1. LOAN BENEFICIARY DETAILS

NAMES IN FULL	
NATIONAL ID NUMBER	
DATE OF BIRTH	
DATE OF DEATH	
CAUSE OF DEATH	

2. NEXT OF KIN DETAILS

NAMES IN FULL		
NATIONAL ID NUMBER:		
RELATIONSHIP TO THE LOAN BENEFICIARY		
EMAIL ADDRESS		
MOBILE NUMBER:		
CURRENT ADDRESS		
POSTAL CODE	TOWN	

3. SUPPORTING DOCUMENTS FOR THE CLAIM(MANDATORY)

Provide the following mandatory attachments .

- Certified Copy of Death Certificate
- Certified Copy of National ID

HELB may request for additional documents where necessary to validate the claim

4. DECLARATION AND AUTHORIZATION

- I hereby declare all details provided herein are the true and correct to the best of my knowledge.
- I hereby authorize HELB to make any enquiries and obtain any information considered relevant to this claim from relevant government bodies, medical institutions and third parties.

Name:

Signature: Date:

FOR OFFICIAL USE ONLY:

LENDING DEPARTMENT

Loan Amount Disbursed

Confirmed by: Signature: Date:

DEBT MANAGEMENT DEPARTMENT

Principal Loan Amount..... Outstanding Loan Balance.....

Confirmed by: Signature: Date:

ER& SLSPS DEPARTMENT

Confirmed by: Signature: Date: