



**APPLICATION FOR STUDY CREDITS**

TAXPAYER REF

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DATE OF BIRTH

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**THIS APPLICATION NEEDS TO BE SUPPORTED WITH A LETTER FROM THE DEPARTMENT OF EDUCATION TO VALIDATE INSTITUTE OF HIGHER EDUCATION ATTENDED AND PERIOD OF STUDY.**

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE or MOBILE NO: \_\_\_\_\_

NAME OF INSTITUTE OF HIGHER EDUCATION YOU ATTENDED: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PERIOD OF STUDY	
FROM	TO

**AWARD GRANTED** (Please tick the relevant box).

- Government Scholarship  
 Mackintosh Grant  
 Other (please give details): \_\_\_\_\_

**I HEREBY DECLARE THAT THE INFORMATION GIVEN ON THIS FORM ARE TRUE AND COMPLETE.**

CLAIMANTS  
SIGNATURE:

DATE:

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**\*Please NOTE that you will be required to present identification i.e. PASSPORT and/or ID CARD with this application.**