

Name of Applicant	
Matriculation No.	

DECLARATION OF INCOME (ONLY FOR SELF-EMPLOYED PERSONS)

Note: This form should only be completed by a working member of your family who is unable to produce documentary evidence of their monthly income.

This is to confirm that I, Mr / Mdm / Ms * _____, Identity Card /

Passport * No.: _____, hereby declare that my occupation is

_____ (Full-time / Part-time *) and that my total

monthly / annual * salary is _____.

(no conversion of currency is required)

I also affirm that all the information stated in this form is true to the best of my knowledge and belief and I have not willfully suppressed any material fact.

Signature

Date

* Delete where applicable