

TO BE COMPLETED BY SPONSORS ONLY

To:

Director of Finance
ZCAS University
Dedan Kimati Road
P.O Box 35243
LUSAKA

Dear Sir

RE: REQUEST FOR CREDIT FACILITY

Iwould like to inform you that I am
sponsoringat ZCAS and the details of the student are as
follows

Student No:..... Programme:.....

Semester/ Year:.....

In the event of my defaulting on the credit facility I agree to the following actions to be taken by the
ZCAS:

- (1) *The student will be denied access to ZCAS and its facilities*
- (2) *ZCAS reserves the right to commence legal proceedings to recover the outstanding debts plus any costs incurred in the legal process*
- (3) *ZCAS will refer the debt to a collection agent after 14 days of default without notice at a collection fee of 10% of the outstanding amount.*
- (4) *In connection with this application and/or maintaining a credit facility with ZCAS, I authorise ZCAS to carry out credit checks with or obtain my credit information from, a credit reference bureau. In the event of the account going into default, I consent to my name, transaction and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing applications for credit by me, associated companies and for occasional debt tracing and fraud prevention purposes.*
- (5) *I agree that ZCAS may disclose details relating to transactions with ZCAS to any third party including credit reference bureaus, if in ZCAS's opinion such disclosure is necessary for the purposes of evaluating my creditworthiness or any transaction with or credit application made to ZCAS or such third party, maintaining my transactions with ZCAS or for any other lawful purpose.*

I have read the above terms and conditions from 1 to 5 above and agree to be bound by them and further in accordance with your credit policy I have paid **K**..... (Being.....% of fees +K150)

I further undertake to clear the balance on fees of **K**.....(Being..... % of fees) as follows:

Date of Next payment	Amount
.....	K
.....	K

Sponsor Details:

NRC No/Passport No/Drivers License No.....(attach copy of
NRC/Passport/Drivers License)

Physical address:.....

Post Address:

Email:.....mobile phone no:.....

Name:..... Signature:.....Date.....