

# IPRA HELPING HANDS



WEST EAST UNIVERSITY  
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## IPRA GUARDIAN DECLARATION AND PLEDGE FORM

THE REASON FOR THIS DOCUMENT IS TO ASSURE OR GUARANTEE IPRA HELPING HANDS ORGANIZATION, THAT THE STUDENT TUITION FEE TO BE PAID BY IPRA HELPING HANDS TO THE INSTITUTION ON BEHALF OF THE STUDENT SHALL BE RECOVERED BY IPRA HELPING HANDS THROUGH MONTHLY COLLECTION OF CONTRIBUTIONS FROM THE GUARDIAN OR THE GUARANTOR.

TITLE..... SURNAME..... MIDDLE NAME.....

FIRST NAME.....

NRC.....GENDER.....MARITAL STATUS.....

RELATION TO THE STUDENT.....FULL NAMES OF STUDENT.....

RESIDENTIAL ADDRESS.....

CELL NO.....ALTERNATE PHONE NUMBER.....

EMAIL ADDRESS.....

TOWN .....PROVINCE.....COUNTRY.....

**EMPLOYMENT DETAILS**

EMPLOYER’S NAME.....

EMPLOYER’S ADDRESS .....

EMPLOYER’S TELEPHONE.....

JOB TITLE.....

PRESENT EMPLOYER.....

I (YOUR FULL NAMES) .....  
HEREBY APPLY FOR A STUDENT LOAN (STUDENT SCHOLARSHIP ADVANCE) FROM IPRA HELPING HANDS  
ON BEHALF OF MY (STATE WHETHER SON, DAUGHTER OR SPECIFY ANY OTHER  
RELATIONSHIP).....

I THEREFORE, PROMISE TO REPAY THE AMOUNT THAT IPRA HELPING HANDS WILL PAY ON BEHALF OF  
(NAME OF THE STUDENT).....TO (NAME OF  
COLLEGE/UNIVERSITY) .....THROUGH  
MONTHLY CONTRIBUTIONS OF THROUGH MONTHLY CONTRIBUTIONS OF **K 600** AS PER AGREEMENT.

THE MONTHLY CONTRIBUTIONS SHALL BE DEPOSITED IN THE ACCOUNT PROVIDED BY IPRA HELPING  
HANDS AND SLIPS TO BE ATTACHED OR BE SUBMITTED TO IPRA HELPING HANDS OFFICES IN PERSONAL  
BY EITHER THE NAMED STUDENT OR THE GUARDIAN.

IPRA HELPING HANDS CONTRIBUTION SHALL BE PAID EVERY LAST DAY THE MONTH OR (5) FIVE DAYS  
BEFORE OR AFTER THE END OF THE MONTH.

IPRA HELPING HANDS HAS THE RIGHT TO TERMINATE THIS CONTRACT AND THAT OF THE STUDENT IF  
AND WHEN THE GUARDIAN OR THE GUARANTOR DEFAULTS OR SKIPS TWO (2) CONTRIBUTIONS.

THE REVOCATION WILL ONLY RELEASE THE GUARDIAN OR THE GUARANTOR AND HIS OR HER NEXT OF  
KIN WHEN THE PAYMENT OF THE AMOUNT DUE TO IPRA HELPING HANDS IS MADE AND THE  
BORROWER IS ABSORBED FROM HIS OR HER INDEBTEDNESS WITH IPRA HELPING HANDS.

THE CONTRIBUTION WILL RUN FOR AS LONG AS THE STUDENT REMAINS IN THE UNIVERSITY AND SHALL  
BE PAID IN ADVANCE OR ON MONTHLY BASIS PER SEMESTER OR PER TERM.

**SPECIFIC AGREEMENT**

THIS AGREEMENT IS MADE ON THE.....DAY OF .....

BETWEEN

GUARDIAN FULL NAMES.....

HOME ADDRESS.....

BUSINESS NAME.....

EMPLOYER'S ADDRESS.....

DATE OF BIRTH.....

IDENTIFICATION CARD.....

HEREAFTER REFERRED TO AS THE GUARDIAN/GUARANTOR/BORROWER ON THE ONE PART

And

IPRA HELPING HANDS HEREAFTER REFERRED TO AS THE SPONSOR/LENDER ON THE ONE PART.

THE GUARDIAN/BORROWER WARRANTS THAT HE/SHE HAS READ THE AGREEMENT FOR THE AMOUNT OF FULL COURSE K..... IN WORDS.....

AND UNDERSTANDS THAT IT IS THE CONDITION PRECEDENT ON WHICH IPRA HELPING HANDS WILL GRANT THE BORROWER THE MONIES MENTIONED HEREIN AND THAT THE GUARDIAN DOES GUARANTEE PAYMENT OF THE SUM LOANED BY THE BORROWER TO THE SPONSOR IPRA HELPING HANDS SHOULD THE BORROWER DEFAULT IN THEIR REPAYMENT OF ALL AMOUNTS DUE AND OWING FROM THE BORROWER TO IPRA HELPING HANDS

FULL COURSE AMOUNT.....(INFORMATION TO BE OBTAINED FROM THE COLLEGE/UNIVERSITY)

IPRA HELPING HANDS MEMBERSHIP FEE **K300.00**

**NEXT OF KIN**

NAME OF KIN.....NRC.....

NEXT OF KIN GUARANTEE TO IPRA HELPING HANDS THE REPAYMENT OF THE TUITION FEE OF THE  
BORROWERS OBLIGATION UNDER THE AMOUNT AGREEMENT OF K..... IN WORDS

.....  
.....

CONCLUDED BETWEEN MR/MRS/MISS AND IPRA HELPING HANDS ON THE.....DAY OF  
..... OF MONTHLY PAYMENTS (CONTRIBUTION) AMOUNT IN  
ACCORDANCE WITH THE MONTHLY REPAYMENT SCHEDULE AGREED UPON TO THIS AGREEMENT.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT  
AND I HAVE THE CAPACITY TO PAY THE AMOUNT OF K.....IN  
WORDS.....EVERY MONTH.

**SIGNING ARRANGEMENT**

GUARDIAN/GUARANTOR'S

NAME.....

NRC.....

SIGNATURE.....

DATE.....

**NEXT OF KIN**

NAME.....

ADDRESS.....

OCCUPATION.....

NRC.....

SIGNATURE.....

DATE.....

CELL NUMBER.....



# IPRA SPONSORSHIP ADVANCE APPLICATION FORM

INVESTMENT FOR POVERTY REDUCTION IN AFRICA HELPING HANDS

IPRA

PLEASE READ THE INSTRUCTIONS BELOW BEFORE FILLING IN THE WHOLE FORM

1. IPRA HELPING HANDS shall only sponsor students who are registered with its organization.
2. IPRA HELPING HANDS shall only sponsor its members to the university depending on how the two parties shall agree.
3. IPRA HELPING HANDS shall only adopt and sponsor those willing to make monthly contributions to the organization.
4. IPRA HELPING HANDS membership fee shall be K300.00 and renewable every after (6) six months
5. Every IPRA HELPING HANDS member will be a helping hand to the poor and will be mandated to introduce 5 other members to IPRA SPONSORSHIP ADVANCE program.
6. All IPRA HELPING HANDS members shall be asked to attend IPRA meetings at the end of 3 three months.
7. All IPRA HELPING HANDS members may be asked to reach out to the poor around the communities to make distribution of donations that will come from the IPRA HELPING HANDS every end of the month.
8. Please deposit the registration fee in the given IPRA HELPING HANDS account no. 9130001024373 STANBIC Kitwe branch.

IPRA Scholarship advance Application

1. Personal Information:

Name: .....

Date of Birth : .....

Gender: .....

Maritastatus:.....

Occupation:.....

Residential address: .....

Telephone:.....

Home:..... work .....

Email address:.....

Education qualifications:.....

High school:.....

College/University:.....

Course Sought :

Diploma:.....

Degree:.....

Undergraduate:.....

PHD.....

Post graduate:.....

Name of parent or Guardian:.....

Address : .....

Telephone:.....

Email address:.....

1. Have you been to a college or a University before?.....

2. Have you read and understood IPRA HELPING HANDS terms and conditions?.....

3. Do you expect to receive any sort of financial assistance from your family in the course you want to study?.....

4. If yes then what might be the amount? .....

5. Are you going to receive any financial assistance from source like outside IPRA HELPING HANDS?.....

6. Sponsorship required

Full time:.....

Partial:.....

7. Will you be able to make monthly contributions to IPRA helping

hands?.....

Name of parent/guardian:.....

Address:.....

Telephone:.....

Education qualification:.....

High school:.....

College/University :.....

Copies to be attached: NRC and Academic Qualifications

Date of application:.....

Signature of applicant:.....