5. INSTITUTION & PROGRAM

stitution Name:		Program: _	
		Training Duration: _	
. FINANCIAL GUARAN	ITEE DECLARATION		
This letter is to verify th	at I will support	(name of student)	while
he/ she studies in the		ne of program including level of study)	
at			
		(name of institution)	
		(estimated length of study duration)	and I will support
him/ her financial for the	nis length of time.		
	ial guarantor/sponsorer)		
	cial guarantor/sponsorer)	 Seal/ Stamp of Gu	arantor/Sponsorer
Date :			
Address of Sponsorer	:		
·			
			Tel
No :			
Fax No :			
E Mail :			
Note:			
	ginal signed letter of sponso	orship or scholarship or funding author	ity.