

SWINBURNE UNIVERSITY OF TECHNOLOGY

SSVF FINANCIAL MATRIX



DETAILS OF APPLICANT - To Be Filled By The Agent Only

Applicant's Full Name	
Student ID	

Acceptable Types of Income Table

Type of Income	Parents / Self / Spouse			Siblings	Maternal & Paternal Grand-Parents	Maternal & Paternal Uncle & Aunt
Income from Salary	✓	✓	✓	✓	✓	✓
Income from Business	✓	✓	✓	✓	✓	✓
Income from Rent	✓	✓	✓	✓	✓	
Income from Pension	✓	X	X			
Income from Agriculture	✓	✓	X			

Acceptable Types of Funds Table

Type of Income	Parents / Self / Spouse			Siblings	Maternal & Paternal Grand-Parents	Maternal & Paternal Uncle & Aunt
Savings Account		✓		✓	✓	✓
Fixed Deposits		✓		✓	✓	✓
Provident Fund (EPF / GPF / PPF)		✓				
Collateral for the Educational Loan		✓		✓	✓	✓

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SOURCE OF INCOME

S No.	Name of Sponsor	Relation to Applicant	Country of Residence	Source of Income	Annual Income in Local Currency (As per ITR)	Annual Income in AUD
1						
2						
3						
4						

Agency Stamp (If applicable):

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DECLARATION OF FUNDS

S No.	Name of Sponsor	Relation to Applicant	Type of Funds	Amount in Local Currency (Withdrawable)	Bank Name and Details	Documents Verified
1						
2						
3						
4						
5						
6						
7						
			Total Funds			

Agency Stamp (If applicable):

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DETAILS OF BANK LOAN

Type of Loan -	Education	Mortgage	Personal
Name of Financial Institution			
Branch			
Date of Sanction:			
Name of Account Holder			
Loan Account Number			
Loan Amount Sanctioned	In Local Currency		Equivalent in AUD
Loan Amount Available after Disbursement			

Documents Verified:

Agency Stamp (If applicable):

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Checklist for documents required to process the CoE:

Swinburne Online Offer Acceptance Form

Passport Copy

TT Receipt

Swinburne Financial Matrix

Bank Loan Disbursement Letter (Compulsory if applicable)

Bank Loan Approval letter (Compulsory if applicable)

Evidence of finances (as declared above)

Local
Currency

AUD\$

Total Amount of Funds being shown in –

Declaration: *I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I undertake to inform you of any changes therein, immediately. In case, any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.*

Counselor's Signature: _____

Counselor's Name (If applicable): _____

Date of Submission: _____

Agency Stamp (If applicable):