

Full Name:

AUB ID number:

I certify that NSSF Number of the Business is not applicable in my case and that I will inform the Financial Aid Office in case of any change; and I understand that any false statement, information or misrepresentation on this application or any accompanying document(s) may lead to immediate loss of my financial aid and subject me to disciplinary action.

Signature

Date (DD/MM/YYYY)