



**IOL: RE-ALLOCATION OF FUNDS**

*(a Payer cancelled studies, transfer the funds to another student)*

**TRANSFER OF FUNDS SHOULD BE DONE WITHIN 3 MONTHS AFTER THE PAYER SIGNED CONTRACT**

**PERSONAL DETAILS FOR THE PAYER:**

CIF NUMBER OF THE PAYER:..... NAME / SURNAME:.....

SIGNATURE:.....

**PERSONAL DETAILS FOR THE NEW STUDENT:**

NAME / SURNAME:..... SIGNATURE:.....

COURSE REGISTERED FOR:..... FUNDS ARE FOR WHICH YEAR?.....

CIF NUMBER FOR A STUDENT ALREADY REGISTERED WITH IOL:.....

CIF NUMBER, NOT REGISTERED WITH IOL:

**PLEASE ATTACH:**

- COPY OF CONTRACT SIGNED BY THE PAYER
- ID OF THE NEW STUDENT
- QUALIFICATIONS FOR STUDENT NOT REGISTERED WITH IOL
- APPLICATION FORM* FOR A STUDENT NOT REGISTERED WITH IOL
- COVER PAGE FROM THE *APPLICATION FORM*, WITH THE LATEST PERSONAL DETAILS OF
- THE NEW STUDENT ALREADY REGISTERED WITH IOL
- SWORN DECLARATION FROM PAYER THAT HE/SHE AGREES TO THE TRANSFER OF FUNDS

IOL OFFICIAL: NAME AND SURNAME.....

SIGNATURE:.....

TRUSTCO FINANCE OFFICIAL: NAME AND SURNAME.....

SIGNATURE:.....