



# SA-DEBT REVIEW

DEBT COUNSELLING / DEBT REVIEW

## Information Sheet

**Information required to complete an application by Consumer for Debt Review in Terms of Section 86 of the National Credit Act (34 of 2005)**

1. The following documents are to be faxed or handed to us for assessment:

a	Copy of your identity document/passport
b	A copy of your most recent salary/wage slip
2. If you and your spouse/partner share your income & expenses or are married COP then:	
a	A copy of your spouse/partner's most recent salary/wage slip

**NON-OBLIGATED APPLICATION FORM / REGISTRATION WILL ONLY FOLLOW AFTER SIGNING OF A FORM 16 IN TERMS OF SECTION 86 OF THE NCA, 34 OF 2005 – THIS COMPLETED APPLICATION IS ONLY FOR ASSESMENT PURPOSE**

### Complete this information:

<b>PERSONAL INFORMATION:</b>					
<b>Applicant:</b>			<b>Spouse:</b>		
Title:			Title:		
Initials:			Initials:		
Full Name:			Full Name:		
Surname:			Last Name:		
I.D. No:			I.D. No:		
Gender:			Gender:		
Married / Single? COP/ANC/Traditional			Marital Status:		
Citizenship:			Citizenship:		
Ethnic Group:			Ethnic Group:		
Number of Dependants:			Number of Dependants:		

Age of Dependants:			Age of Dependants:		
Gender of Dependants:			Gender of Dependants:		
<b><i>CONTACT DETAILS:</i></b>					
<b><i>Applicant:</i></b>			<b><i>Spouse</i></b>		
Cell Phone no:			Cell Phone no:		
Work Tel no:			Work Tel no:		
Home Tel no:			Home Tel no:		
Fax no:			Fax no:		
E-mail Address:			E-mail Address:		
Physical Address:			Physical Address:		
Postal Address:			Postal Address:		
<b><u>Next of Kin:</u></b>					
Name & Surname:					
Contact Details:					
Relationship:					

<b><u>Income &amp; Deductions:</u></b>					
<b><i>Applicant:</i></b>			<b><i>Spouse:</i></b>		
<b><i>INCOME:</i></b>			<b><i>INCOME</i></b>		
Nett Monthly Salary			Nett Monthly Salary		
Other Income			Other Income		
Commission			Commission		
Overtime			Overtime		
Allowance			Allowance		
Pension Fund			Pension Fund		
Medical Aid			Medical Aid		
Loans			Loans		
Union Subscription			Union Subscription		

Insurance		Insurance	
UIF		UIF	
Group Life		Group Life	
RE/Endowment		RE/ Endowment	
Garnishee Order		Garnishee Order	
Funeral Policy		Funeral Policy	
Other Deductions		Other Deductions	
Tax (Site and PAYE)		Tax (Site and PAYE)	
<b>Employer Details:</b>		<b>EmployerDetails:</b>	
Employers Name As per Payslip		Employers Name As per Payslip	
Government or Non Government:		Government or Non Government:	
Contact No		Contact No	
Fax No		Fax No:	
Email Address		Email Address	
Physical Address		Physical Address	
Pay / Salary Date	_____	Pay / Salary Date	_____
Salary Increase Month	_____	Salary Increase Month	_____
Annual Bonus Month	_____	Annual Bonus Month	_____
Salary Date December	_____	Salary Date December	_____
<b>HOUSEHOLD EXPENSES:</b>			
<b>Applicant :</b>		<b>Spouse:</b>	
After School Care		After School Care	
Alimony / Maintenance		Alimony / Maintenance	
Assurance		Assurance	
Bank Charges		Bank Charges	
Bread & Milk		Bread & Milk	

Bus / Taxi / Train			Bus / Taxi / Train		
Cell Phone			Cell Phone		
Clothing			Clothing		
Domestic Worker			Domestic Worker		
Gardener / Services			Gardener / Services		
Insurance			Insurance		
Internet			Internet		
Levies			Levies		
Meat			Meat		
Medical Aid			Medical Aid		
Other / Specify if not on list			Other / Specify		
Other Financial Services			Other Financial Services		
Other Groceries			Other Groceries		
Parking			Parking		
Pension			Pension		
Petrol			Petrol		
Rates & Taxes			Rates & Taxes		
Rent / Board			Rent / Board		
School Fees			School Fees		
Security			Security		
Telephone			Telephone		
Vehicle Insurance			Vehicle Insurance		
Water & Electricity			Water & Electricity		
Other - Specify			Other - Specify		

**DEBT OBLIGATIONS:**

	<b><i>Creditor Name &amp; Type:</i></b>	<b><i>Account Number if known to you:</i></b>	<b><i>Instalment Amount:</i></b>	<b><i>Is this account taken via Debit Order: Yes or No</i></b>	<b><i>Applicant or Spouse's Debt</i></b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					
<b>6.</b>					

7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**With which bank are you currently banking with? \_\_\_\_\_**

**Acc no: \_\_\_\_\_**

**Branch: \_\_\_\_\_**

**Is it a savings, cheque or overdraft account? \_\_\_\_\_**

**Debt Counsellor Information:**

**Debt Counsellor: Hannes de Klerk NCRDC773 / Registered 2009**

**Contact Person: Anne-marie de Klerk**

**Tel: 011662-1183 / 012 007 0835 / 0716303863**

**Please E-mail the completed form to: [info@sa-debtreview.co.za](mailto:info@sa-debtreview.co.za) or fax to: 086 549 7202**

**Explanation of the Debt Review Process:**

1. On receipt of your application a formal consultation will follow and after signing the form 16 the Debt Counsellor will advise all Credit Providers and all registered Credit Bureaus that you have applied for Debt Review.
2. You will be listed with all of the Credit Bureau which will be removed once going off debt review.
3. You must comply with all requests from the Debt Counsellor to assist with evaluating your state of indebtedness.

4. The fee structure for the Debt Counselling service must be explained to you.
5. The Debt Counselling and rearrangement process is explained below:
  - > The Debt Counsellor will follow a legal process to rearrange your debt.
  - > This is a long-term commitment and process to enable you to rehabilitate your financial position. Varies from client to client.
  - > You will not have access to credit until such time as a Clearance Certificate is issued to you.
6. Should you fail to honour your obligations under the Debt Rearrangement the Credit Providers will take legal action.

