

APPLICANT: _____

ID: _____

SPOUSE: _____

ID: _____

FILE NUMBER: C _____

REFERRED BY: _____ (FULL NAME)
_____ (CONTACT NUMBER)

APPLICATION BY CONSUMER FOR DEBT REVIEW

In terms of section 86 of the National Credit Act 34 of 2005

Please note that:

1. On receipt of this application 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 registered credit bureaus that you have applied for debt review.
3. This form must be accompanied by a list of all your credit providers as well as copies of all documents requested.
4. Should any documents not be submitted within 10 days of the application being received by the Debt Counsellor your application will not be accepted.

Send completed form to application@debtdelete.co.za / Contact us on 0861 101 260 for assistance.
Kindly initial each page in bottom right corner and sign last page in full.

PART ONE – PERSONAL INFORMATION

General Information	Applicant	Spouse
Title		
Surname		
Full Name(s)		
Identity Number		
Physical Address		
Postal Address		
Telephone (work)		
Telephone (home)		
Cell Phone		
Fax		
E-mail Address		
Employer		
Job Title		
Physical Address (employer)		
Reason for application if unemployed		

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Number of Dependants	
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Dependant Information	Relationship	Age	Reason if over 18
Dependant One			
Dependant Two			
Dependant Three			
Dependant Four			
Dependant Five			
Dependant Six			
Dependant Seven			

Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans
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Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married in community of property (COP) <input type="checkbox"/> Married out of community of property (ANC) <input type="checkbox"/> Divorced <input type="checkbox"/> Traditional
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Note: If married in community of property (COP) then both spouses must complete the application and both spouses must sign.

Complete only if you have children		
Number of children attending pre-school / primary school / secondary school		
School name(s)		<input type="checkbox"/> Full day <input type="checkbox"/> Half day
Pre-school name(s)		<input type="checkbox"/> Full day <input type="checkbox"/> Half day
If half day – Where do the children spend the rest of the day?		

How many vehicles do you have?	
If more than one – Please provide a reason	

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How many properties do you own?			
If more than one – Please provide a reason			
If more than one – Is it being rented out?		Considering or in the process of selling the property?	

Have you ever been under debt review?	
If yes, provide the name and contact details of the debt counsellor	
If yes, provide the reason for leaving debt counselling	

Next of kin – Name	
Next of kin – Relationship	
Next of kin – Contact number	

PART TWO – INCOME

Income	Applicant	Spouse
Gross Salary		
Commission (average over six months)		
Overtime (average over six months)		
Rental Income		
Child Maintenance		
Other - _____		
Other - _____		
Other - _____		

Statutory Deductions	Applicant	Spouse
Tax		
UIF		

Non-Statutory Deductions	Applicant	Spouse
Pension / Provident		
Medical Aid		
Funeral Society		
Loans deducted from salary		
Child Maintenance		
Garnishee - _____		
Other - _____		

Income after deductions	Applicant	Spouse
Net Salary		

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PART THREE – LIVING EXPENSES

Expense	Applicant	Spouse
Clothing		
Life Insurance		
Domestic / Cleaning Service		
Education Fees		
Food		
Levies		
Short Term Insurance		
Vehicle Insurance		
Property Rental		
Security		
Telephone and Internet		
Transport Costs		
Water and Lights		
Other - _____		
Other - _____		
Other - _____		
Other - _____		
Other - _____		
Other - _____		
Other - _____		
Other - _____		

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PART FOUR – REASON(S) FOR OVER IN-DEBTNESS

Causes	Tick if applicable	Provide further details
Death		
Funeral Costs		
Medical Costs (illness)		
Retrenchment (loss of income)		
Accident (motor related)		
Divorce		
Family Responsibility (birth of child etc.)		
Economic Factors (e.g. interest rate changes)		
Substance Abuse (alcohol / drugs etc.)		
Addiction (gambling etc.)		
Lack of Education		
Lifestyle (excessive)		
Aggressive Marketing		
Cost of Housing		
Accommodation (rental)		
Self Employed – Non-payment by debtors		
Contract / Tender Loss		
Dissolving Business		
Other - _____		

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PART FIVE – DEBTOR OBLIGATIONS

THIS SECTION MUST BE COMPLETED IN FULL AND AS ACCURATELY AS POSSIBLE

Account Type	Creditor	Account Number	Outstanding Balance	Monthly Instalment	Whose account – Applicant or Spouse	Summons Received Y/N	Debit Order Payment Y/N	Last Payment Made (MM/YYYY)
e.g. CREDIT CARD	e.g. ABSA BANK	e.g.4075 8452 5112 5555	e.g. R 40345.55	e.g. R 4050.00	e.g. A	e.g. Y	e.g. N	e.g. 05/2015

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SURETY

If anyone signed a surety for one of the above accounts then completed the following for each account

Surety Name		Surety Contact Number	
Creditor		Account number	

Surety Name		Surety Contact Number	
Creditor		Account number	

Surety Name		Surety Contact Number	
Creditor		Account number	

Surety Name		Surety Contact Number	
Creditor		Account number	

PART SIX – DOCUMENTATION TO BE ATTACHED, FEES AND DECLARATION

Documentation to be attached (IF MARRIED IN COMMUNITY OF PROPERTY (COP) THEN THE BELOW DOCUMENTS MUST BE SUBMITTED BY BOTH SPOUSES):

1. COPY OF YOUR ID
2. COPY OF THE LATEST THREE MONTHS' PAYSLEIPS / PROOF OF INCOME
3. COPY OF THE LATEST THREE MONTHS' BANK STATEMENTS (internet statements will be accepted)

FEES CHARGED – IN TERMS OF NATIONAL CREDIT REGULATOR GUIDELINES

Fee type:	Fee:	Once off or monthly
Application fee	Waived – Free promotion	n/a
Rejection fee	Waived	n/a
Restructuring fee	First instalment (Min R1000.00 – Max R6000.00) or R6000.00 if joint app	Once off
Legal fee	R750.00 (subject to obtaining full acceptances from credit providers)	Once off
DC After-care fee	5% of instalment (Min R50.00 – Max R400.00) for 24 months thereafter 3%.	Monthly
PDA fee	R100 – R200pmtn = R5.00 / R201 – R500pmt = R10.00 R501 or larger payment = R15.00 – Fee charged per distribution payment. (+ VAT)	Monthly

DECLARATION

I hereby declare as follows:

1. I undertake to comply with all requests from the debt counsellor to assist him/her to evaluate my state of indebtedness and the prospects for responsible debt restructuring.
2. I hereby consent to the submission of my information to all registered credit bureaus by the debt counsellor.
3. I also consent that the debt counsellor may obtain my credit record from any/all registered credit bureaus and any other registers which may contain any of my credit information.
4. I undertake not to enter into any further credit agreements, other than a consolidated agreement, with any credit provider until one of the following events has occurred:
 - a. The debt counsellor rejects my application;
 - b. The court determines that I am not over-indebted; or
 - c. All my obligations under credit agreements as re-arranged are fulfilled.
5. I confirm that the information contained in this document is, to the best of my knowledge, true and correct.

APPLICANT

Signed at _____ on this _____ day of _____ 20__

Full Name _____ Signature _____

SPOUSE

Signed at _____ on this _____ day of _____ 20__

Full Name _____ Signature _____

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