

# 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 (if you receive overtime, allowances or commissions then the last 6 months payslips are required to determine an average)
  - c Recent statements from everybody that you are in debt to
  - d Your last two months bank statements for all of your bank and investment accounts
  - e Your last two months credit card statements for each of your cards
  - f Your latest statement reflecting your home loan balance
  - g A list of other debts from friends or family members

- 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 (if overtime, allowances or commissions then the last 6 months payslips are required to determine an average)
  - b Your spouse/partner's most recent creditor statements
  - c Your spouse/partner's last two months bank statements for all bank and investment accounts
  - d Your spouse/partner's last two months credit card statements for each card

**This form must be completed and returned to us.**  
 You must open a new bank transmission account before your interview.

**Complete this information:**  
 About you:

Title:  Initials:

First Names:

Surname:

ID Number:

Passport Number:

**Marital Status:**  Single, Married COP, Married Traditionally, via Muslim Regime, Married ANC, Other .....

**Marital Date**  **Married Where? Place:**

**Number of Children**

Details of Children

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>	<u>Child 5</u>
<b>Age of Child</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Name of Child</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Gender of Child</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Which School attending</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Monthly School fees</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Arrears School fees TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Is child Residing with you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Alimony/ Recieved per Child</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Alimony/ Paid per Child</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Arrears Alimony/Maintenance?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Other Dependants:**

	<u>Dependent No1</u>	<u>Dependent No2</u>	<u>Dependent No3</u>	<u>Dependent No4</u>	<u>Dependent No5</u>
Ages of dependants:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to yourselves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Costs of support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrears Maintenance/Alimony?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Phone:

Home Phone:

Cell:

Fax Number:

E-mail Address:

Home Address:

Postal Code:

Postal Address:

Postal Code:

Debt counselling is ideally done with an individual and their partner. If you are together with somebody, but keep your finances completely separate then it is not necessary to complete the next section. However, if you are married in Community of Property then you **must** complete your spouse's details here as the application must be made in both your names.

**About your Spouse or Partner who lives with you (Where applicable).**

<b>Title:</b>		Initials:	
<b>First Names:</b>			
<b>Surname:</b>			
<b>ID Number:</b>			
<b>Passport Number:</b>			
<b>Age:</b>			
<b>Gender:</b>			
<b>Race:</b>			
<b>Work Phone:</b>			
<b>Home Phone:</b>			
<b>Cell:</b>			
<b>Fax Number:</b>			
<b>E-mail Address:</b>			

**About your employment**

Company Name:	
Employee Number:	
Employer's Telephone Number:	
Employer's Address:	
Increase Month:	
Month of your Annual Bonus:	
Employment Sector:	
Pay Day:	
December Pay Day:	
<b><i>Net (Take Home) Pay:</i></b>	
Other Income:	
Description of Other Income:	
Full Employer Name:	
Employment Department:	
<b><u>DEDUCTIONS</u></b>	
Pension Fund:	
Medical Aid:	
Loans:	
Home Loans (Pension backed)	
Union subscription:	
Insurance:	
Insurance:	
UIF:	
Group Life:	
RA'S / Endowment:	
Garnishees / Admin Order:	
Funeral Policy:	
Other:	
Tax (SITE and PAYE):	

***How do you spend your money? (see attached detailed budget x categories)***

***ASSETS (What paid up Vehicles do you have, Furniture , Savings, Investmenst ..etc)***

	<u>Disposal value</u>	<u>Description</u>
Vehicle No 1		
Vehicle No 2		
Fixed Deposits		

Investments


Gold Coins

Retrencment Package Details

**Whom do you owe money to, including family and friends?**

No.	Name of Creditor	Owing	Account Number	Monthly Payment	Arrears	Who's Debt?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Signed** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Debt Counsellor Information:**

Debt Counsellor:	Stuart James Mc Donald - Registration No NCRDC 1856
Contact Person:	Stuart James Mc Donald
Phone:	011 900 3450 or 079 891 0931
Fax Number:	086-605-6720
E-Mail:	stuartncrdc@gmail.com - www.assistdebt.co.za

**Explanation of the Debt Review Process**

1. On receipt of your 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 of the Credit Bureaus.
3. All of the documentation requested must be brought with you to the next consultation.
4. By submitting this form you are giving authorisation for the Debt Counsellor to obtain a Credit Bureau report on you.
5. You must comply with all requests from the Debt Counsellor to assist with evaluating your state of indebtedness.
6. The fee structure for the Debt Counselling service must be explained to you.
7. The Debt Counselling and rearrangement process is explained below:  
 The Debt Counsellor will follow a legal process to rearrange your debt.  
 You may have to make an appearance in Court.  
 This is a long term commitment and process to enable you to rehabilitate your financial position.  
 You will not have access to credit until such time as a Clearance Certificate is issued to you.
8. Should you fail to honour your obligations under the Debt Rearrangement the Credit Providers will take legal action.