

(On the letterhead of the debt counselor)

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 counselor 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 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 Counselor, your application will not be accepted.

PART 1- Personal Information

Full names and surname

Identity number

Physical Address

Postal Code

Postal Address

Postal Code

Telephone number (work) () Telephone number (home) ()

Cell phone number

E-mail address (if any)

Name of employer

Address of employer

PART 2 – Income

(Please attach a copy of your salary slip)

Gross salary	R
Deductions	
Tax	R
Medical Aid	R
Pension	R
Other deductions	
<input type="text"/>	R
<input type="text"/>	R
<input type="text"/>	R
<input type="text"/>	R
Total Deductions	R
Other income (specify the source)	
<input type="text"/>	R
<input type="text"/>	R
<input type="text"/>	R
<input type="text"/>	R
Total income	R

PART 3 – Monthly Commitments

(Please list all monthly commitments other than outstanding debt, i.e. school fees, traveling costs, medical expenses, etc)

Commitment	Monthly expense
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PART 4 – Debt Obligations

(Please provide copies of all outstanding balances due)

Debt Commitment (i.e. personal loan)	Name of creditor	Total amount outstanding	Monthly Commitment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 5 – Declaration by the Consumer

I declare as follows:

1. I undertake to comply with all requests from the debt counselor 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 counselor;
3. I also consent that the debt counselor 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 counselor 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.

Signed at [place] on this [day] of [month] of [year]

Signature