



# 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:

|          |  |
|----------|--|
| <b>a</b> | Copy of your identity document/passport  |
| <b>b</b> | A copy of your most recent salary/wage slip (if you receive overtime or allowances that are not of a regular nature then the last 6 months pay slips are required to determine an average) |
| <b>c</b> | Your most recent creditor statements   |
| <b>d</b> | Your last two months bank statements for all of your bank and investment accounts  |
| <b>e</b> | Proof of residence   |
| <b>f</b> | Copy of your motor vehicle insurance   |
| <b>g</b> | Your current bank account details as well as your NEW bank account details   |
| <b>h</b> | A list of other debts from friends or family members   |
| <b>i</b> | R50 application fee.   |

### 2 If you and your spouse/partner share your income & expenses or are married COP then:

|          |  |
|----------|--|
| <b>a</b> | A copy of your spouse/partner's most recent salary/wage slip (if overtime or allowances are received that are not of a regular nature then the last 6 months pay slips are required to determine an average) |
| <b>b</b> | Your spouse/partner's most recent creditor statements  |
| <b>c</b> | Your spouse/partner's last two months bank statements for all bank and investment accounts   |
| <b>d</b> | 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.**



### Personal Information

|                                 |                      |                      |                      |       |       |
|---------------------------------|----------------------|----------------------|----------------------|-------|-------|
| Title:                          | <input type="text"/> | Initials             | <input type="text"/> |       |       |
| First Names:                    | <input type="text"/> |                      |                      |       |       |
| Surname:                        | <input type="text"/> |                      |                      |       |       |
| ID Number:                      | <input type="text"/> |                      |                      |       |       |
| Passport Number:                | <input type="text"/> |                      |                      |       |       |
| Marital Status:                 | <input type="text"/> |                      |                      |       |       |
| Number of Children/ Dependants: | <input type="text"/> | <input type="text"/> |                      |       |       |
| Ages of Dependants:             | <input type="text"/> |                      |                      |       |       |
| Your Age:                       | <input type="text"/> | <input type="text"/> |                      |       |       |
| Gender                          | Male                 | Female               | <input type="text"/> |       |       |
| Race                            | Asian                | Black                | Coloured             | White | other |
| Work Phone:                     | <input type="text"/> |                      |                      |       |       |
| Home Phone:                     | <input type="text"/> |                      |                      |       |       |
| Cell:                           | <input type="text"/> |                      |                      |       |       |
| Fax Number:                     | <input type="text"/> |                      |                      |       |       |
| E-mail Address:                 | <input type="text"/> |                      |                      |       |       |
| Home Address:                   | <input type="text"/> |                      |                      |       |       |
| Postal Address:                 | <input type="text"/> |                      |                      |       |       |

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 spouses details here.

**Spouse/Partner Information**

**Complete this section only if this is a joint application for Debt Review**

|                  |                      |                      |                      |       |       |
|------------------|----------------------|----------------------|----------------------|-------|-------|
| Title:           | <input type="text"/> | Initials             | <input type="text"/> |       |       |
| First Names:     | <input type="text"/> |                      |                      |       |       |
| Surname:         | <input type="text"/> |                      |                      |       |       |
| ID Number:       | <input type="text"/> |                      |                      |       |       |
| Passport Number: | <input type="text"/> |                      |                      |       |       |
| Your Age:        | <input type="text"/> | <input type="text"/> |                      |       |       |
| Gender:          | Male                 | Female               | <input type="text"/> |       |       |
| Race:            | Asian                | Black                | Coloured             | White | other |
| Work Phone:      | <input type="text"/> |                      |                      |       |       |
| Home Phone:      | <input type="text"/> |                      |                      |       |       |
| Cell:            | <input type="text"/> |                      |                      |       |       |
| Fax Number:      | <input type="text"/> |                      |                      |       |       |
| E-mail Address:  | <input type="text"/> |                      |                      |       |       |

**Employment Details**

|                      |                      |                                 |                      |
|----------------------|----------------------|---------------------------------|----------------------|
| Company Name:        | <input type="text"/> | Increase Month:                 | <input type="text"/> |
| Employee Number:     | <input type="text"/> | Do you receive an annual bonus? | <input type="text"/> |
| Employer Tel Number: | <input type="text"/> |                                 |                      |
| Employer's Address:  | <input type="text"/> |                                 | <b>Pay day</b>       |
| Employment Sector:   | <input type="text"/> | December pay day                | <input type="text"/> |

**Complete this section with your Spouse/Partner information only if this is a joint application.**

|                      |                      |                                 |                      |
|----------------------|----------------------|---------------------------------|----------------------|
| Company Name:        | <input type="text"/> | Increase Month:                 | <input type="text"/> |
| Employee Number:     | <input type="text"/> | Do you receive an annual bonus? | <input type="text"/> |
| Employer Tel Number: | <input type="text"/> |                                 |                      |
| Employer Address:    | <input type="text"/> |                                 | Pay day              |
| Employment Sector:   | <input type="text"/> | December pay day                | <input type="text"/> |

**Income Details and Pay Slip deductions**

| <b>Income:</b>              | <b>Self</b> | <b>Spouse / Partner</b> | <b>Complete Spouse/Partner only if this is a joint application</b>                                     |
|-----------------------------|-------------|-------------------------|--|
| Net Take Home Pay:          |             |                         | <i>The amount after all deductions paid into your bank account.</i>                                    |
| Other Income:               |             |                         | <i>e.g. Maintenance, investment income or any regular additional income.</i>                           |
| Description of Other        |             |                         |  |
| <b>Pay Slip Deductions:</b> |             |                         |  |
| Pension Fund:               |             |                         | <i>The amount on your pay slip deducted for pension</i>  |
| Medical Aid:                |             |                         | <i>The amount on your pay slip deducted for your Medical Fund or Medical Insurance.</i>                |
| Loans:                      |             |                         | <i>The Total amount on your pay slip deducted for all Loans.</i>                                       |
| Union Subscription:         |             |                         | <i>The amount on your pay slip deducted if you belong to a Trade Union</i>                             |
| Insurance:                  |             |                         | <i>The amount on your pay slip deducted for Short Term Insurance.</i>                                  |
| UIF:                        |             |                         | <i>The amount on your pay slip deducted for UIF.</i>   |
| Group Life:                 |             |                         | <i>The amount on your pay slip deducted for Group Life insurance.</i>                                  |
| RA'S / Endowment:           |             |                         | <i>The amount on your pay slip deducted for retirement annuities or endowment policies.</i>            |
| Garnishee/Admin Order:      |             |                         | <i>The Total amount on your pay slip deducted for Garnishee and Administration order's</i>             |
| Funeral Policy:             |             |                         | <i>The Total amount on your pay slip deducted for Funeral Policies</i>                                 |
| Other:                      |             |                         | <i>If there are any other amounts deducted on your pay slip add them up and write down the amount.</i> |
| Tax (SITE and PAYE):        |             |                         | <i>The amount on your pay slip deducted for Tax.</i>   |


**How do you spend your money?**

|   |                       |  |   |
|---|-----------------------|--|---|
|  | Domestic Worker:      |  | <i>Domestic workers, Child help</i>   |
|   | Gardener/ Service:    |  | <i>Gardener or Garden Service</i>   |
|   | Meat:                 |  |   |
|   | Bread & Milk:         |  |   |
|   | Vegetables & Fruit:   |  |   |
|   | Pool Chemicals:       |  |   |
|   | Other Groceries:      |  | <i>Toiletries, Pet Food, Stationery, Stamps, Baby Diapers, Baby food.</i>                                   |
|   | Water & Electricity:  |  | <i>Monthly and/or Pre-paid water and electricity.</i>   |
|   | Land Line Phone:      |  | <i>Monthly or pre-paid</i>  |
|   | Cell Phone:           |  | <i>Monthly or pre-paid</i>  |
|   | Internet:             |  | <i>Monthly or pre-paid</i>  |
|   | Security:             |  | <i>Armed response, enclosures, protection</i>   |
|   | Going Out:            |  | <i>Restaurants, Movies, Theatre, Take-a-ways, etc</i>   |
|   | Sports:               |  | <i>Both watching and participating. Including TV, DSTV, M-Net, Clubs, Gym, etc.</i>                         |
|   | Gambling:             |  | <i>Horse betting, Casinos, Lotto, Lotto Plus, Bingo, Scratch cards and Limited Payout Machines (LPM's).</i> |
|   | Entertaining at Home: |  |   |
|   | Cigarettes & Liquor:  |  |   |
|   | Other entertainment:  |  |   |
|   | Bus / Taxi / Train:   |  |   |
|   | Petrol:               |  |   |
|   | Parking:              |  |   |
|   | Car Maintenance:      |  |   |
|   | Rates & Taxes:        |  |   |

**How do you spend your money?, continued**

|                         |  |   |
|-------------------------|--|---|
| Home Maintenance:       |  | <i>Estimate the annual spend and divide by 12</i> |
| Body Corporate Levies:  |  |   |
| School Fees:            |  |   |
| University / Tech Fees: |  |   |
| Creche:                 |  |   |
| Boarding Fees:          |  |   |
| After Care:             |  |   |
| Alimony/Maintenance:    |  |   |
| Chemist:                |  |   |
| Dry Cleaners:           |  |   |
| Church:                 |  |   |
| Bank Charges:           |  |   |
| Social Club:            |  |   |
| Provision for Savings:  |  |   |
| Doctors:                |  |   |
| Clothing:               |  |   |
| Gifts & Donations:      |  |   |
| Rent/Board:             |  |   |
| Other:                  |  | <i>Any other regular expense not shown here</i>   |


**Financial Services**

|  |  |
|--|--|
|  | <b><i>NB. Not what is on the Pay Slip!</i></b>   |
| Assurance:   | <i>Monthly Life &amp; Endowment, Funeral Policy.</i>   |
| Insurance:   | <i>Monthly Short Term Insurance (House content, Vehicle's).</i>  |
| Medical Aid:   | <i>Monthly Medical Aid Subscriptions, Medical cost (not covered by medical aid), Medical insurance, Hospital Plan.</i> |
| Pension :  | <i>Monthly Pension Fund contributions, Retirement Annuities.</i>   |
| Other:   | <i>Monthly Educational Policy, Educational Savings, Regular Bank savings, Unit Trusts.</i>                             |

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

| Tick here if a statement is attached  |                  |              |                |                 |                |  |
|--|------------------|--------------|----------------|-----------------|----------------|--|
| No.  | Name of Creditor | Amount Owing | Account number | Monthly Payment | Arrears Amount |  |
| 1  |                  |              |                |                 |                |  |
| 2  |                  |              |                |                 |                |  |
| 3  |                  |              |                |                 |                |  |
| 4  |                  |              |                |                 |                |  |
| 5  |                  |              |                |                 |                |  |
| 6  |                  |              |                |                 |                |  |
| 7  |                  |              |                |                 |                |  |
| 8  |                  |              |                |                 |                |  |
| 9  |                  |              |                |                 |                |  |
| 10   |                  |              |                |                 |                |  |
| 11   |                  |              |                |                 |                |  |
| 12   |                  |              |                |                 |                |  |
| 13   |                  |              |                |                 |                |  |
| 14   |                  |              |                |                 |                |  |
| 15   |                  |              |                |                 |                |  |
| 16   |                  |              |                |                 |                |  |
| 17   |                  |              |                |                 |                |  |
| 18   |                  |              |                |                 |                |  |
| 19   |                  |              |                |                 |                |  |
| 20   |                  |              |                |                 |                |  |
| 21   |                  |              |                |                 |                |  |
| 22   |                  |              |                |                 |                |  |
| 23   |                  |              |                |                 |                |  |
| 24   |                  |              |                |                 |                |  |
| 25   |                  |              |                |                 |                |  |
| 26   |                  |              |                |                 |                |  |
| 27   |                  |              |                |                 |                |  |
| 28   |                  |              |                |                 |                |  |
| 29   |                  |              |                |                 |                |  |
| 30   |                  |              |                |                 |                |  |
| 31   |                  |              |                |                 |                |  |

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

| Tick here if a statement is attached  |                  |              |                |                 |                |  |
|--|------------------|--------------|----------------|-----------------|----------------|--|
| No.  | Name of Creditor | Amount Owing | Account number | Monthly Payment | Arrears Amount |  |
| 32   |                  |              |                |                 |                |  |
| 33   |                  |              |                |                 |                |  |
| 34   |                  |              |                |                 |                |  |
| 35   |                  |              |                |                 |                |  |
| 36   |                  |              |                |                 |                |  |
| 38   |                  |              |                |                 |                |  |
| 39   |                  |              |                |                 |                |  |
| 40   |                  |              |                |                 |                |  |
| 41   |                  |              |                |                 |                |  |
| 42   |                  |              |                |                 |                |  |
| 43   |                  |              |                |                 |                |  |
| 44   |                  |              |                |                 |                |  |

**Debt Counsellor Information:**

|                  |   |
|------------------|---|
| Debt Counsellor: | Inge Nel - Registration Number: NCRDC374<br>245 Retief Avenue<br>Lyttelton Manor<br>Centurion<br>0157 |
| Contact Person:  | Inge Nel (van der Merwe)  |
| Phone:           | 0846217670/0126440545   |
| Fax Number:      | 0865377670  |
| E-mail:          | solutions.inge@gmail.com  |

**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. You must submit all information and documentation within 10 days.
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 has been explained to you.
7. The Debt Counselling and rearrangement process is explained below:  
The Debt Counsellor will negotiate with your Credit Providers to rearrange your debt.  
If those negotiations fail 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.

**Permission to Obtain Credit Information**

I, authorise Credit Health and / or Logan Attorneys acting on behalf of Inge Nel - Registration Number: NCRDC374 to obtain my complete credit profiles from TransUnion and Experian; and to store my credit record and account information on Credit Health's confidential database for a period of one year from the date on which Credit Health receives it.

ID Number: \_\_\_\_\_

Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

These explanations have been made to me, I understand them and I grant the Permission above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Inge Nel - Registration Number: NCRDC374**

\_\_\_\_\_  
**Date**

