



**FORM 16 - APPLICATION FOR DEBT REVIEW
IN TERMS OF SECTION 86 OF ACT 34/2005
NEW NATIONAL CREDIT ACT**

PART 1: APPLICANT DETAILS

SURNAME	<input type="text"/>	DATE	<input type="text"/>
FULL NAMES	<input type="text"/>	ADVISOR	<input type="text"/>
ID NUMBER	<input type="text"/>	DEBT COUNSELLOR	<input type="text"/>
APPLICATION	<input type="checkbox"/> JOINT <input type="checkbox"/> SINGLE	New Installment	<input type="text"/>
SPOUSE SURNAME	<input type="text"/>	1st Date	<input type="text"/>
SPOUSE FULL NAMES	<input type="text"/>	NCR number	<input type="text"/>
SPOUSE ID NUMBER	<input type="text"/>	Dependants	<input type="text"/>

PART 2: PERSONAL DETAILS

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	MARITAL STATUS	<input type="text"/>
FIRST NAMES	<input type="text"/>			SINGLE	<input type="text"/>
SURNAME	<input type="text"/>			ENGAGED	<input type="text"/>
MAIDEN NAME	<input type="text"/>			COMMON LAW	<input type="text"/>
ID NUMBER	<input type="text"/>			MARRIED COP	<input type="text"/>
HOME NUMBER	<input type="text"/>			MARRIED ANC	<input type="text"/>
WORK NUMBER	<input type="text"/>			MARRIED OTHER	<input type="text"/>
FAX NUMBER	<input type="text"/>			DIVORCED	<input type="text"/>
CELL NUMBER	<input type="text"/>			SEPERATED	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>			WIDOWED	<input type="text"/>

PERSONNEL NUMBER	<input type="text"/>	GENDER	<input type="text"/>	RACE	<input type="text"/>
PROPERTY STATUS	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT	<input type="checkbox"/> LODGER	<input type="checkbox"/> YEARS	

PHYSICAL ADDRESS	POSTAL ADDRESS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
POSTAL CODE	POSTAL CODE
<input type="text"/>	<input type="text"/>

PART 3: BANKING DETAIL

BANK NAME	<input type="text"/>	<p>I CONFIRM THAT I HAVE BEEN STRONGLY ADVISED TO CHANGE MY BANK ACCOUNT TO A NEUTRAL ACCOUNT IN ORDER TO AVOID UNNECESSARY AND/OR ILLEGAL DEDUCTIONS GOING OF ON MY ACCOUNT. I WILL NOT HOLD THE NCR, PDA, DC OR THEIR AGENTS RESPONSIBLE FOR ANY DEDUCTIONS GOING OF AFTER APPLICATION IF I DO NOT CHANGE MY BANK ACCOUNT AS ADVISED</p>	
BRANCH NAME	<input type="text"/>		
BRANCH CODE	<input type="text"/>		
NAME OF ACCOUNT	<input type="text"/>		
TYPE OF ACCOUNT	<input type="text"/>		
ACCOUNT NUMBER	<input type="text"/>		
PAYMENT METHOD	<input type="text"/>	SIGNATURE	<input type="text"/>

PART 4: EMPLOYER DETAIL

COMPANY NAME	<input type="text"/>	PAY FREQUENCY	<input type="text"/>
POSITION HELD	<input type="text"/>	WEEKLY	<input type="text"/>
PERIOD AT THIS COMPANY	<input type="text"/> YEARS	FORTNIGHTLY	<input type="text"/>
PHYSICAL ADDRESS	POSTAL ADDRESS		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
POSTAL CODE	POSTAL CODE	<input type="text"/>	<input type="text"/>

I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AT THE TIME OF THE APPLICATION.

SIGNATURE OF APPLICANT	SIGNATURE OF CO-APPLICANT	DATE OF APPLICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 6: BUDGET DETAIL

<u>INCOME</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>	<u>TOTAL</u>
Nett Salary/Pension			R 0.00
Grants			R 0.00
Rental Income			R 0.00
Investment Income			R 0.00
Other			R 0.00
TOTAL INCOME			R 0.00

MONTHLY EXPENSES

Bond(s)/Rental(s)			R 0.00
Levy			R 0.00
Rates & Taxes			R 0.00
Water & Electricity			R 0.00
Vehicle Instalments			R 0.00
Petrol/Car maintenance			R 0.00
Insurance/Assurance			R 0.00
Groceries			R 0.00
Clothing			R 0.00
Domestic help			R 0.00
Garden Services			R 0.00
Education			R 0.00
Telephone			R 0.00
Medical expenses			R 0.00
Household Security			R 0.00
Other			R 0.00
10% Contingency			R 0.00
TOTAL EXPENSES			R 0.00

AVAILABLE FOR REHABILITATION

R 0.00

ENSURE THAT **ALL** THE FOLLOWING SUPPORTING DOCUMENTS HAVE BEEN ATTACHED.

- ID DOCUMENTS
- PROOF OF MARITAL STATUS IF MARRIED/DIVORCED/WIDOWED
- PAYSLIPS/PROOF OF INCOME AS DECLARED
- BANK STATEMENTS FOR 3 MONTHS FOR BOTH APPLICANTS WHERE APPLICABLE
- PROOF OF NEW BANK ACCOUNT FOR BOTH APPLICANTS WHERE APPLICABLE
- LATEST AVAILBALE STATEMENTS FROM CREDITORS / AFFIDAVIT IF LOST OR NOT COLLECTABLE
- (NO BUSINESS ACCOUNTS MAY BE INCLUDED - ONLY CONSUMERS CONNECTED TO APPLICANT ID)**

I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AT THE TIME OF THE APPLICATION.

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

DATE OF APPLICATION

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DECLARATION BY THE APPLICANT

I 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 reasonable 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 records 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 the 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 I am not over-indebted; or,
 - c) All my obligations under credit agreements as re-arranged are fulfilled.
5. I confirm that the information obtained in this document is to the best of my knowledge true and correct.

ACKNOWLEDGEMENT OF OBLIGATION:

(FEES ALLOWED TO BE CHARGED BY THE DEBT COUNSELLOR AS PRESCRIBED BY THE NCR)

PLEASE NOTE: The process of Debt Counselling for which you are about to apply, cannot be executed without the incurrance of certain costs. An initial application fee of R50 is payable by all applicants. Should you not be in the position to pay this fee immediately, it will become payable together with the fees as explained here below.

Should you decide to **proceed** with the application by **signing NCR-Form 16** (Application by Consumer for Debt Review), the Debt Counsellor is allowed to charge a **fee/fees** according to the following guidelines as supplied by the National Credit Regulator (NCR):

Rejection fee: R300 will be charged, should you decide to withdraw from the process in the period between signing Form 16 and the completion of the restructuring negotiations by the DEBT COUNSELLOR. You will become liable for the payment of this fee immediately after withdrawing from the process.

Restructuring Fee: Equal to the lesser of the first instalment of the debt re-arrangement plan, or R3, 000 excluding VAT (R4, 000 excluding VAT in the case of a joint application - a husband and wife). You will be responsible for paying this fee on the date of receiving your next salary.

75% of Restructuring Fee: Should you wish to withdraw from the process after the DEBT COUNSELLOR has already completed the restructuring negotiations, a fee equal to 75% of the restructuring fee will become payable by you. Should you already have paid the full restructuring fee, the surplus of 25% will be refunded to you.

After Care Fee: The DEBT COUNSELLOR may also charge a monthly After Care Fee equal to 5% (Excluding VAT) of the monthly instalment of the debt re-arrangement plan, up to a maximum of R300 (Excluding VAT) for a period of 24 months. After 24 months, this fee will be reduced to an amount equal to 3% (Excluding VAT) of the monthly instalment, to a maximum of R300 (Excluding VAT), for the remaining period of the debt re-arrangement plan. This fee will be deducted from the monthly payment.

100% Refund: If the DEBT COUNSELLOR fails to submit proposals to credit providers or refer the matter to a tribunal or a magistrate's court within 60 business days from the date of signing NCR Form 16, the debt counsellor will refund 100% of the fee already paid by you.

I hereby acknowledge that the abovementioned fee structure was comprehensively explained to me, and that I understand the implications thereof. I also acknowledge and understand that I will be liable for payment of the fees as set out here above. I understand that I am applying for debt review as part of the Debt Counselling process. I understand this process and acknowledge that the future procedures have been explained to me.

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

DATE OF APPLICATION

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