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"We CAN help you..."

REG NO: 2012/044915/07

DESPATCH

ISABE LANDMAN Registered Debt Counsellor
NCR No: NCRDC1053
Form 16 Blank

35 Caledon Street
Uitenhage
6229
Tel : 0419226538
Fax : 0419226536
Email : isabe.uddh@telkomsa.net
Website :
Date 28 November 2013

NATIONAL CREDIT REGULATOR

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.
- 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 Counsellor, your application will not be accepted.
- 5) All Payments need to be made directly to the PDA trust account.
The Debt Counselor will provide you with the banking details of the PDA - DC Partner

PART 1 - PERSONAL INFORMATION

	<u>Primary Applicant</u>	<u>Secondary Applicant</u>
Full names and surname:	_____	_____
NCR number:	_____	_____
Referrer:	_____	_____
Identity number:	_____	_____
Passport number:	_____	_____
Marital Status:	_____	_____
Physical Address:	_____	_____
	_____	_____
	_____	_____
Postal Address:	_____	_____
	_____	_____
	_____	_____
Telephone number (work):	_____	_____
Telephone number (home):	_____	_____

Cell phone number: _____

E-mail address (if any): _____

Name of employer: _____

Address of employers: _____

Dependants - Primary Applicant

Name	Age	Relation	Identity no.

PART 2 - INCOME

(Please attach a copy of your salary)

	Current	Proposed
Gross Salary:	_____	_____
Bonuses:	_____	_____
House Allowance:	_____	_____
Interest received:	_____	_____
Maintenance:	_____	_____
Overtime:	_____	_____
Personal Gifts:	_____	_____
Rent Received:	_____	_____
Second Job:	_____	_____
Subsidies and Grants:	_____	_____
Other Income:	_____	_____

Other Income(specify the source):

Total Income:

Deductions:

Medical Aid

Pension Fund

Loans

Union Subscription

Insurance

Group Life

Garnishes/Admin Order

Funeral Policy

PAYE

UIF

RA'S/Endowment

SITE

Other

Other

Other

Other

Other

Other

Total Deductions:

Deductions to be removed:

R

PART 3 - MONTHLY COMMITMENTS

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

Commitment	Current Monthly expense	Proposed Monthly expense
Assurance		
Credit Insurance		
Credit Life Insurance		
Pension and Risk Benefits		
Medical		
Bank Charges		
Bread and Milk		
Cellphone		
Clothing		
Contingencies		
Domestic Worker		
Entertainment		
Family Expenses		
Garden Services		
Groceries and Cleaning		
Meat		
Rates and Taxes		
Rent		
School Fees		
Security		
Telephone		
Toiletries		
Transport		
TV License		
Water and Electricity		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Less commitments		
Available for distribution:		

PART 5 - DECLARATION BY THE CONSUMER/S

I/We declare as follows:

1. I/We undertake to comply with all requests from the debt counsellor to assist him/her to evaluate my/our state of indebtedness and the prospects for responsible debt restructuring.
2. I/We hereby consent to the submission of my/our information to all registered credit bureaus by the debt counsellor.
3. I/We also consent that the debt counsellor may obtain my/our credit record from any/all registered credit bureaus and any other registers which may contain any of my/our credit information.
4. I/We 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/our application;
 - b. The court determines that I/we am/are not over-indebted; or;
 - c. All my/our obligations under credit agreements as re-arranged are fulfilled
5. I/We confirm that the information obtained in this document is, to the best of my/our knowledge, true and correct.
6. I/We the undersigned consumer/s hereby agree and undertake to keep the Debt Counsellor indemnified against all loss or damage from any cause arising which I/we may sustain as a result of the application in terms of Section 86 of the National Credit Act 34 of 2005

Signed at(place).....on this day.....of(month).....year.....

1. Signature.....

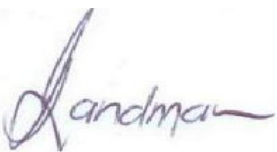
2. Signature (if joint application).....

Date : _____

Receipt no : _____

Signed at DESPATCH on this 28th day of November 2013

Debt Counsellor



ISABE LANDMAN