



**DEBT ASSESSORS
DEBT COUNSELLORS**
NCR DC 496
www.debtassess.co.za

NCR Form 16

OFFICE USE ONLY

- ✚ No incomplete applications will be handled. Complete ALL sections in detail
- ✚ Please sign every page in the box provided at the right hand corner
- ✚ Please note that an initial consultation fee of R350 is charged for all new applications
- ✚ Please see document list below (last page of the application document) for the documents you need to supply.

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 registered 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 Counsellor, your application will not be accepted.

A) Personal Details:

Mr. Mrs. Miss. Surname Initials

Full Names..... D.O.B.....

ID No..... Tel No (W).....

Tel No (H)..... Cell NO.....

Single	Married	Divorced	Widow	Widower
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No. of Dependants.....
(please indicate age and gender i.e Male 15yrs)

Residential Address:

.....
..... Code.....

Postal Address:

.....
..... Code.....



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C) Monthly Commitments: (Living Expenses)

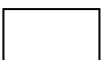
✚ Please list all monthly commitments other than outstanding debt, i.e. School Fees, Travelling Costs, Medical Expenses, Rent, Groceries, Insurance, Cellphone/Telephone, Body Corporate Levies, etc

Commitment	Monthly Expense
1) Example: School Fees	R 700-00
2)	R
3)	R
4)	R
5)	R
6)	R
7)	R
8)	R
9)	R
10)	R
11)	R
12)	R
13)	R
14)	R
15)	R
16)	R
17)	R
18)	R
19)	R
20)	R
21)	R
22)	R
23)	R
24)	R
25)	R
26)	R
Total	Total

Debt Assessors Debt Counsellors CC 2008/218515/23
218 Barkston Drive
Cnr Selkirk Avenue, Blairgowrie, 2194
P.O.BOX 1625, Ferndale, 2160.
Office Hours: Mon-Fri: 8AM – 5PM Sat: 8AM-1PM
www.debtassess.co.za
T: 011 022 2238 F: 086 694 3942 C: 078 415 8203
E: info@debtassess.co.za



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E) Declaration by the Consumer:

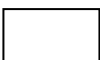
1. I declare to comply with all requests from the Debt Counsellor to assist the Debt Counsellor to evaluate my state of indebtedness and the prospects for responsible debt restructuring;
2. I hereby consent to the submission of my information to all registered Credit Bureaus by the Debt Counsellor
3. I also consent that the Debt Counsellor 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 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 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 (**Form 16**) is, to the best of my knowledge, true and correct.

Signed at (Place) on this (Day) (Month) (Year)

Signature



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APPLICATION FOR DEBT REVIEW – IMPORTANT INFORMATION

1. The consumer remains responsible for monthly re-payments to all credit providers included in the review application.
2. The debt counsellor will provide the consumer with a re-payment plan based on the distributable amount available after the indebtedness assessment has been done (approximately 10 business days).
3. All future payments must be made in accordance with the re-payment proposal. Should consumer fail to adhere to the re-payment plan the debt counsellor and or credit providers have the right to terminate the debt review application after 60 business days.

YOUR IMMEDIATE RESPONSIBILITY AS CONSUMER

1. Provide debt counsellor with all outstanding information & documentation, including credit bureau reports
2. Immediately open a savings account
3. Arrange for monthly salary to be deposited into the **new** savings account with immediate effect
4. Change banking details of policies of insurance and utilities to new savings account
5. Cancel **all** existing debit orders (bond, vehicle, credit card, retail, personal loans etc.
6. Stop use of all existing clothing accounts immediately.
7. Stop use of all existing credit card facilities immediately
8. Stop use of all existing retail accounts immediately
9. Stop use of all overdraft facilities immediately
10. The debt counsellor may terminate an application for debt review should the consumer not be co-operating with the debt counsellor. A R300.00 cancellation fee will become payable to the debt counsellor by the consumer.

The consumer remains responsible for the cancellation of debit orders with the various merchants and banks in writing.

(To cancel your debit orders and avoid unnecessary money grabs by the banking institutions, please contact your bank and request that your debit orders be cancelled. Please also make use the debit order cancellation form attached)

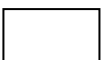
I _____ hereby agree to the above mentioned instructions from the debt counsellor.

Signed _____

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LIST OF DOCUMENTS TO BE SUPPLIED:

1. Copy of your identity document/Passport
2. A copy of your most recent salary/wage slip
3. Your most recent creditors statements
4. Your latest statement reflecting your home loan balance
5. A list of other debts from friends or family members

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

1. A copy of your spouse/ Partner's most recent salary/wage slip
2. Your spouse/Partner's most recent creditor statements
3. Your spouse/Partner's last two months bank statements for all bank and investments accounts

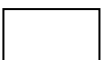
FOR MORE INFORMATION OR APPOINTMENTS CONTACT US:

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PLEASE PRINT THIS PAGE AND PRESENT TO ANY
BRANCH OF THE BANK WHERE YOU KEEP THE A/C

DEBIT ORDER CANCELLATION

TO:

FAX NUMBER :

CUSTOMER NAME :

I.D NUMBER :

BRANCH:

ACCOUNT NUMBER:

1. I wish to inform you that I have applied for Debt Counselling in terms of section 86 of the National Credit Act (Act 34 of 2005)

2. I hereby cancel my debit order authorisation with you on the agreement mentioned above.

3. I have already informed my bank of the cancellation of the debit orders and have also placed a stop payment on them at the bank.

4. My Debt Counsellor will contact you with the repayment proposals. The contact details are as follows:

Christopher Silas Moyo (Debt Assessors Debt Counsellors CC)

NCR registration number: NCRDC496

Contact Number: 011 022 2238 Email : chris@debtassess.co.za F: 086 694 3942

Dated and Signed at _____ on this the _____ day

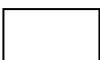
of _____ 20_____

Signature _____

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