

# D-Review Application – Debt Restructuring

Please complete the following form and fax it, together with the supporting documents, to **JJ Mulder** on **086 6058487**  
Or email it to **info@d-review.co.za**



| A. – Application details                                       |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
|--|---|--|--|--------------------------------------|--|-----------|--|--|--|--|--|--------------------------------|------------------------------------|--|--|----------------------------------|--|--|-----------------------------------|--|--|--------------------------------------|--|--|--|--|--|-------------------------------|--|--|------------------------------------|--|--|--------------------------------|--|--|
| Applicant type   | Individual <input type="checkbox"/>               |  |  | Joint <input type="checkbox"/>       |  |           | Multiple <input type="checkbox"/>                |  |  | Close Corporation <input type="checkbox"/> |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
|  | Company <input type="checkbox"/>                  |  |  | Partnership <input type="checkbox"/> |  |           | Trust <input type="checkbox"/>                   |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Application type   | New Debt Review(Form 16) <input type="checkbox"/> |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Have you ever applied for debt review before?                  | Yes <input type="checkbox"/>                      |  |  | No <input type="checkbox"/>          |  |           | Have you ever applied for administration before? |  |  | Yes <input type="checkbox"/>               |  |                                | No <input type="checkbox"/>        |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| If Yes, with who?  |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| B. – Personal details  |   |  |  |                                      |  | Applicant |  |  |  |  |  | Co-applicant / Spouse / Surety |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
|  | Primary Applicant <input type="checkbox"/>        |  |  |                                      |  |           | Co-Applicant <input type="checkbox"/>            |  |  |  |  |                                | Spouse <input type="checkbox"/>    |  |  |                                  |  |  | Surety <input type="checkbox"/>   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Title  | Mr. <input type="checkbox"/>                      |  |  | Mrs. <input type="checkbox"/>        |  |           | Miss. <input type="checkbox"/>                   |  |  | Ms. <input type="checkbox"/>               |  |                                | Dr. <input type="checkbox"/>       |  |  | Prof. <input type="checkbox"/>   |  |  | Mr. <input type="checkbox"/>      |  |  | Mrs. <input type="checkbox"/>        |  |  | Miss. <input type="checkbox"/>                 |  |  | Ms. <input type="checkbox"/>  |  |  | Dr. <input type="checkbox"/>       |  |  | Prof. <input type="checkbox"/> |  |  |
| First name(s)  |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Surname  |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Date of birth (ddmmyyyy)                                       |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
|  |   |  |  | Gender                               |  |           | Male <input type="checkbox"/>                    |  |  | Female <input type="checkbox"/>            |  |                                |                                    |  |  |                                  |  |  | Gender                            |  |  | Male <input type="checkbox"/>        |  |  | Female <input type="checkbox"/>                |  |  |                               |  |  |                                    |  |  |                                |  |  |
| ID/Passport no.  |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| S A Resident   | Yes <input type="checkbox"/>                      |  |  | No <input type="checkbox"/>          |  |           | Residency:- Temporary <input type="checkbox"/>   |  |  |  |  |                                | Permanent <input type="checkbox"/> |  |  |                                  |  |  | Yes <input type="checkbox"/>      |  |  | No <input type="checkbox"/>          |  |  | Residency:- Temporary <input type="checkbox"/> |  |  |                               |  |  | Permanent <input type="checkbox"/> |  |  |                                |  |  |
| S A Citizen  | Yes <input type="checkbox"/>                      |  |  | No <input type="checkbox"/>          |  |           | If no, specify nationality:                      |  |  |  |  |                                | Yes <input type="checkbox"/>       |  |  | No <input type="checkbox"/>      |  |  | If no, specify nationality:       |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Race   | African <input type="checkbox"/>                  |  |  | Asian <input type="checkbox"/>       |  |           | Coloured <input type="checkbox"/>                |  |  | White <input type="checkbox"/>             |  |                                | African <input type="checkbox"/>   |  |  | Asian <input type="checkbox"/>   |  |  | Coloured <input type="checkbox"/> |  |  | White <input type="checkbox"/>       |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Preferred language   | Afrikaans <input type="checkbox"/>                |  |  | English <input type="checkbox"/>     |  |           | Other  |  |  |  |  |                                | Afrikaans <input type="checkbox"/> |  |  | English <input type="checkbox"/> |  |  | Other                             |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Marital status   | Single <input type="checkbox"/>                   |  |  | Married <input type="checkbox"/>     |  |           | Divorced <input type="checkbox"/>                |  |  | Widowed <input type="checkbox"/>           |  |                                | Single <input type="checkbox"/>    |  |  | Married <input type="checkbox"/> |  |  | Divorced <input type="checkbox"/> |  |  | Widowed <input type="checkbox"/>     |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
|  | If married, how?                                  |  |  | ANC <input type="checkbox"/>         |  |           | COP <input type="checkbox"/>                     |  |  | Traditional <input type="checkbox"/>       |  |                                | If married, how?                   |  |  | ANC <input type="checkbox"/>     |  |  | COP <input type="checkbox"/>      |  |  | Traditional <input type="checkbox"/> |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Declared insolvent   | Yes <input type="checkbox"/>                      |  |  | No <input type="checkbox"/>          |  |           | If yes, date:                                    |  |  |  |  |                                | Yes <input type="checkbox"/>       |  |  | No <input type="checkbox"/>      |  |  | If yes, date:                     |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Been rehabilitated   | Yes <input type="checkbox"/>                      |  |  | No <input type="checkbox"/>          |  |           | If yes, date:                                    |  |  |  |  |                                | Yes <input type="checkbox"/>       |  |  | No <input type="checkbox"/>      |  |  | If yes, date:                     |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Physical address (street)                                      |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Suburb   |   |  |  |                                      |  |           | Code   |  |  |  |  |                                |                                    |  |  |                                  |  |  | Code                              |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Town/City  |   |  |  |                                      |  |           | Province   |  |  |  |  |                                |                                    |  |  |                                  |  |  | Province                          |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Postal address   |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Suburb   |   |  |  |                                      |  |           | Code   |  |  |  |  |                                |                                    |  |  |                                  |  |  | Code                              |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Town/City  |   |  |  |                                      |  |           | Province   |  |  |  |  |                                |                                    |  |  |                                  |  |  | Province                          |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Future Physical address  |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Suburb   |   |  |  |                                      |  |           | Code   |  |  |  |  |                                |                                    |  |  |                                  |  |  | Code                              |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Town/City  |   |  |  |                                      |  |           | Province   |  |  |  |  |                                |                                    |  |  |                                  |  |  | Province                          |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Telephone no. (w)  | ( )   |  |  |                                      |  |           |  |  |  |  |  |                                | ( )                                |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Telephone no. (h)  | ( )   |  |  |                                      |  |           |  |  |  |  |  |                                | ( )                                |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Fax no.  | ( )   |  |  |                                      |  |           |  |  |  |  |  |                                | ( )                                |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Cellphone  | ( )   |  |  |                                      |  |           |  |  |  |  |  |                                | ( )                                |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Email address  |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Contact me via:  | E-MAIL <input type="checkbox"/>                   |  |  | SMS <input type="checkbox"/>         |  |           | TEL <input type="checkbox"/>                     |  |  | CELL <input type="checkbox"/>              |  |                                | POST <input type="checkbox"/>      |  |  | E-MAIL <input type="checkbox"/>  |  |  | SMS <input type="checkbox"/>      |  |  | TEL <input type="checkbox"/>         |  |  | CELL <input type="checkbox"/>                  |  |  | POST <input type="checkbox"/> |  |  |                                    |  |  |                                |  |  |
| C. – Company / Close Corporation / Trust / Association details |   |  |  |                                      |  |           |  |  |  |  |  |                                |                                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Registered name  |   |  |  |                                      |  |           |  |  |  |  |  |                                | Registration no.                   |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Director(s)/Member(s)/Trustee(s)/Partner(s)                    |   |  |  |                                      |  |           |  |  |  |  |  |                                | VAT registration no.               |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |
| Full names   |   |  |  |                                      |  |           |  |  |  |  |  |                                | Identity no.(s)                    |  |  |                                  |  |  |                                   |  |  |                                      |  |  |  |  |  |                               |  |  |                                    |  |  |                                |  |  |

| D. – Employment details  |   | Applicant   |  | Co-applicant / Spouse / Surety |  |
|--|---|---|--|--------------------------------|--|
| Employment status  | Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Other: _____                                     | Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Other: _____                   |  |                                |  |
| Employment Sector  |   |   |  |                                |  |
| Occupation   |   |   |  |                                |  |
| Type of employment   | Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/>                   | Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> |  |                                |  |
| Service period (months)  | Length of service:         Period of own business:  | Length of service:         Period of own business:  |  |                                |  |
| Type of income   | Salary <input type="checkbox"/> Wages <input type="checkbox"/> Other: _____   | Salary <input type="checkbox"/> Wages <input type="checkbox"/> Other: _____                             |  |                                |  |
| Name of Employer   |   |   |  |                                |  |
| Employer address (street)  |   |   |  |                                |  |
| Suburb   | Code: _____   | Code: _____   |  |                                |  |
| Town/City  |   |   |  |                                |  |
| Employer Telephone no.   | ( ) _____   | ( ) _____   |  |                                |  |
| Previous Employer  |   |   |  |                                |  |
| Previous Length of service   | (months) _____  | (months) _____  |  |                                |  |
| E. – Banking details   |   |   |  |                                |  |
| Applicant  | Stop order to run from this account Yes <input type="checkbox"/> No <input type="checkbox"/>                              | Co-Applicant  | Stop order to run from this account Yes <input type="checkbox"/> No <input type="checkbox"/> |                                |  |
| Account holder   |   | Account holder  |  |                                |  |
| Bank name  |   | Bank name   |  |                                |  |
| Account no.  |   | Account no.   |  |                                |  |
| Account type   |   | Account type  |  |                                |  |
| Branch code  |   | Branch code   |  |                                |  |
| F. – Financial details   |   |   |  |                                |  |
| Applicant  |   |   |  |                                |  |
| Co-applicant / Spouse / Surety   |   |   |  |                                |  |
| <b>See section dealing with supporting documentation for documents that must accompany this application.</b> |   |   |  |                                |  |
| Gross income (cost to company)   | R _____   |   | R _____  |                                |  |
| Net income (after deductions) (A)  | R _____   |   | R _____  |                                |  |
| Other income (B)   | Please provide copy of Payslip  |   |  |                                |  |
| Overtime   | R _____   |   | R _____  |                                |  |
| Commission   | R _____   |   | R _____  |                                |  |
| Subsidy  | R _____   |   | R _____  |                                |  |
| Other income - specify below:  |   |   |  |                                |  |
|  | R _____   |   | R _____  |                                |  |
|  | R _____   |   | R _____  |                                |  |
| Monthly repayments: (C)  | Outstanding   | Min repayment   | Outstanding  | Min repayment                  |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
|  | R _____   | R _____   | R _____  | R _____                        |  |
| Other expenses, specify below (include maintenance, court orders etc)  |   |   |  |                                |  |
|  | R _____   |   | R _____  |                                |  |
|  | R _____   |   | R _____  |                                |  |
| Disposable income (F) (A+B Less C+ D)  | R _____   |   | R _____  |                                |  |
| Household size   | Number of: Adults _____ Children _____  |   | Number of: Adults _____ Children _____   |                                |  |
|  | Do all applicants share household expenses for this application? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |                                |  |

**G. – Supporting documentation that must accompany this application**

| If the applicant is:-                                 | Then we require:-   |
|---|---|
| A salaried individual                                 | <ul style="list-style-type: none"> <li>• Latest payslip - must be the most recent month; Last 3 months bank statements of the account where the applicant(s) income is deposited.</li> <li>• If "other" income is declared, e.g. Rental income then proof of this income must be provided i.e. lease agreements etc. If incentives i.e. overtime is paid then the last six months consecutive payslips are required.</li> </ul> |
| A commission earner                                   | <ul style="list-style-type: none"> <li>• Last six consecutive months payslips reflecting the commission are required.</li> </ul>  |
| Self employed   | <ul style="list-style-type: none"> <li>• A signed statement of "Assets and Liabilities" also known as a balance sheet of the owner(s), Management accounts are required if 9 months has lapsed since the financial year end of the business.</li> <li>• Last three months bank statements of the account where the applicant(s) income is deposited into,</li> </ul>  |
| Temporary Resident referred to as "Foreign Nationals" | <ul style="list-style-type: none"> <li>• Valid passport and a temporary residency permit with a remaining term of 3 years or more.</li> </ul>   |

NB: In all instances, copies of all relevant party's Identity Documents or Passports are required.

**H. – Authorisation**

**1. Debit Order / Salary Stop Order**

- 1.1. The Customer(s) hereby authorise(s) the necessary changes to the amount payable under the Customer(s) debit order authorisation, in order to take into account any adjustments to the Customer's monthly repayments.
- 1.2. It is also the sole responsibility of the Customer(s) to ensure that the salary stop order is amended to take into account any adjustments to the Customer(s) monthly repayments.

**2. Statements**

I/We hereby authorise the PDA to send all statements via email:-

Yes  No  **if Yes, email address** \_\_\_\_\_

The safe-guarding and privacy of the information contained in the email is the Customer's responsibility.

**Declaration and Consent**

**1. Declaration**

- 1.1. I/We the undersigned certify that all the information provided is true and correct, and that I/we have not withheld any information, which would affect the decision.
- 1.2. I/We acknowledge that providing D-Review with incorrect or false information may result in me/us being denied the protection offered by the National Credit Act, No. 34 of 2005 if applicable.

**2. Consent**

- 2.1. I/We consent to sending confidential information to the fax number supplied herein;
- 2.2. I/We consent and authorise the D-Review pursuant to this application to:
  - 2.2.1. obtain from a / any / all credit bureau(s) and Credit Providers all data relating to the Customer's credit profile; and
  - 2.2.2. transmit to a / any / all credit bureau(s) all data relating to this application, opening and termination of any agreement as permitted in terms of the National Credit Act.

**3. Fee Agreement**

3.1 The D-Review shall provide the following services and to be paid as per schedule hereunder:

- |  |   |  |
|--|---|--|
| Application fee                                      | : | R50.00                                   |
| 3.2 Debt counselling service: 1. Single applications |   | Equal to distribution amount.            |
| 2. After care fee                                    |   | 5% of total payment with maximum R400.00 |
| 3.3 Court application documents                      |   | As per service tariffs _____             |
| 3.4 Legal Fees                                       |   | As per attorney tariffs _____            |

I confirm that I understand the contents of the fee agreement and bind myself to pay the afore-said fees as required from time to time. Further, I confirm that failure to pay the afore-said fees could result in legal action and cost being taken against me.

**Signature Clause**

I/we confirm that I/we have read and understood this application.

**(If not married by way of a duly registered Antenuptial Contract in terms of the laws of South Africa, then both spouses are to sign).**

|                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
|                                     |  |                                     |
| <b>Customer - Full Name/Surname</b> |  | <b>Customer - Full Name/Surname</b> |
|                                     |  |                                     |
| <b>Signature</b>                    |  | <b>Signature</b>                    |