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



Applicant type Individual	□ No □
Applicant type Company Partnership Trust Application type New Debt Review(Form 16) Have you ever applied for debt review before? If Yes, with who?	□ No □
Have you ever applied for debt review before? If Yes, with who? Have you ever applied for administration before? Yes No Have you ever applied for administration before? Yes	urety
before? If Yes, with who? If Yes, with who?	urety
	_
D. Demond details	_
B. – Personal details Applicant Co-applicant / Spouse / S	
Primary Applicant ☐ Co-Applicant ☐ Spouse ☐	Surety 🗖
Title Mr. □ Mrs. □ Miss. □ Ms. □ Dr. □ Prof. □ Mr. □ Mrs. □ Miss. □ Ms. □	Dr. ☐ Prof. ☐
First name(s)	
Surname	
Date of birth (ddmmyyyy) Gender Male □ Female □ Gender Male □	☐ Female ☐
ID/Passport no.	
S A Resident Yes No Residency:- Temporary Permanent Yes No Residency:- Temporary	☐ Permanent ☐
S A Citizen Yes ☐ No ☐ If no, specify nationality: Yes ☐ No ☐ If no, specify nationality:	
Race African Asian Coloured Mhite African Asian Coloured	□ White □
Preferred language Afrikaans □ English □ Other Afrikaans □ English □ Other	
Marital status Single □ Married □ Divorced □ Widowed □ Single □ Married □ Divorced □	□ Widowed □
If married, how? ANC □ COP □ Traditional □ If married, how? ANC □ COP □	Traditional □
Declared insolvent Yes □ No □ If yes, date: Yes □ No □ If yes, date:	
Been rehabilitated Yes □ No □ If yes, date: Yes □ No □ 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 SMS TEL CELL POST E-MAIL SMS TEL CE	ELL POST
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 Emplo		Employe	imployed ☐ Self-employed ☐ Other:						Emplo				loyed Self-employed Other:						
Employment Sec	tor						•												
Occupation																			
Type of employment Permanent			nent 🗆	nt □ Temporary □ Contract □						F	Permanent ☐ Temporary ☐ Contract ☐								
Service period (n		Length o	of servic	æ	T	Pe	eriod of ow	n bus	siness		L	_en	gth of service				own bus	ness	
Type of income Salary □			□ Wa	Wages □					<u> </u>		_		_	ges 🗆	1 1			<u> </u>	
Name of Employe	er		<u> </u>	Other:								Other.							
Employer addres	s (street)																		
Suburb								Code	9								Code		
Town/City				111														1	
Employer Teleph	one no.	()								(1)						
Previous Employ												1							
Previous Length				Ι	(r	nont	he)					(months)							
E. – Banking de					(1	HOHE	.113)								(IIIOIII)	11113)			
	Stop order to r	un from th	nio acco	unt Vo	۰. 🗆	No F	7		Co Anni	ioont			Ctan arder to	run fra	m thin a	20001104	Vaa 🗖 1	ь П	
Applicant	Stop order to h	un nom u	iis acco	unit re	5 Ц	INO L			Co-Applicant Si				Stop order to run from this account Yes \(\Delta \) No \(\Delta \)						
Account holder											Г	-							
Bank name								-	Bank name										
Account no.								- 4	Account no.										
Account type								Account type											
Branch code	ı code					I	Branch c	ode											
F. – Financial de	etails						Ap	oplica	ant					Co	o-appli	icant / S	Spouse /	Suret	y
See section deali			umenta	ation f	or do	cum	nents that	mus	t accomp	any th	nis a _l	ppl	lication.						
Gross income (d		• -	R										R						
Net income (after Other income (E		A)	R	R							nro	R provide copy of Payslip							
Overtime	•,		R	· ·							, pio	R							
Commission			R									R							
Subsidy			R	R								R							
Other income - specify below:			R	R									R						
			R										R						
Monthly repayments: (C)								_	/lin repayment				Outstanding				Min repayment		
			R					R R					R R			F			
			R R					R					R			F			
			R					R					R			F			
		R										R				R			
		R	R Use attached Debt of						form16	S (PI	629	R se provide c	onies c	of outst	Fanding		dup)		
			R											R				, duc)	
			R R									R			F	?			
Living Expenses: (D) – specify below													To						
			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								R								
Disposable inco (A+B Less C+ D			R										R						
Household size			_	Number of: Adults Children									Number	of: Adu	ılts		Chil	dren _	
			Do	all ap	plica	nts	share hou	ıseho	ld expen	ses for	r this	s ar	pplication?		Ye	s 🗆	No		

The variety common is deposited. Then we require:	 Supporting documentation that must acc 	ompany this application		
applicant(s) income is desposited.	the applicant is:-	Then we require:-		
Self employed A signed statement of 'Assets and Liabilities' also known as a balance shared for exported') Promovery Resident referred to as 'Foreign Nationals' NB:in all instances, copies of all relevant party's identity Documents or Passports are required. NB:in all instances, copies of all relevant party's identity Documents or Passports are required. **N-Authorisation** NB:in all instances, copies of all relevant party's identity Documents or Passports are required. **N-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 take into account any adjustments to the Customer's mentity repayments. 2. Statements We hereby authorise the PDA to send all statements via email:- Yes		applicant(s) income is cIf "other" income is declar agreements etc. If ince	deposited. ared, e.g. Rental income then proof of this income must be provided i.e.	lease
Management accounts are required if 9 months has lapsed since the financial year end of the Last three months bast statements of the account where the applicant(s) income deposited in referred to as "Foreign Nationals" * Valid passport and a temporary residency permit with a remaining term of 3 years or more. *Notin 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 take into account any adjustments to the Customer's monthly repayments. 1.2. It is also the sole responsibility of the Customer's monthly repayments. 1.3. It is also the sole responsibility of the Customer's monthly repayments. 1.4. It is also the sole responsibility of the Customer's monthly repayments. 1.5. It is also the sole responsibility of the Customer's monthly repayments. 1.6. It is also the sole responsibility of the Customer's monthly repayments. 1.7. If yes a management of the PDA to send all statements via email: 1.8. If yes a management of the PDA to send all statements via email: 1.9. If yes, email address 1.1. If yes the undersigned certify that all the information provided is true and correct, and that live have not withheld any information, which affect the decision. 1.1. If yes the undersigned certify that all the information provided is true and correct, and that live have not withheld any information, which affect the decision. 1.2. If yes consent to sending confidential information to the fax number supplied herein; 2.1. If yes consent to sending confidential information to the fax number supplied herein; 2.2. If yes consent and authorise the D-Review pursuant to this application to: 2.2. If yes consent to sending confidential information to the fax number supplied herein; 2.1. If yes consent to send yes a face of yes a face of yes and yes a providing of yes yes and yes a yes a	commission earner	Last six consecutive mon	inths payslips reflecting the commission are required.	
NB:In all instances, copies of all relevant party's Identify Documents or Passports are required. ### Authorisation 1.1. The Customer(s) hereby authorise(s) the necessary changes to the amount payable under the Customer(s) debit order authorisation, in take into account any adjustments to the Customer's monthly repayments. 2. It is also the sole responsibility of the Customer's monthly repayments. Customer(s) monthly repayments. Whe hereby authorises the PDA to send all statements via email: Whe hereby authorises the PDA to send all statements via email: Whe hereby authorises the PDA to send all statements via email: Whe hereby authorises the PDA to send all statements via email: Whe hereby authorises the PDA to send all statements via email: Whe hereby authorises the PDA to send all statements via email: Whe hereby authorises the PDA to send all statements via email: Whe above authorises the PDA to send all statements via email: Whe above authorises the PDA to send all statements via email: Whe above authorises the PDA to send all statements via email: Whe above authorises the PDA to send all statements via email: Whe above authorises the PDA to send all statements via email: I Declaration 1.1. IWe the undersigned certify that all the information provided is true and correct, and that live have not withheld any information, which affect the decision. 1.2. IWe acknowledge that providing D-Review with incorrect or false information may result in me/us being denied the protection offered by National Credit Act, to 34 of 200 if application. 2.1. IWe consent to sending confidential information to the fax number supplied herein; 2.2. IWe consent and authorise the D-Review pursuant to this application to: 2.1. Whe consent and authorise the D-Review pursuant to this application to: 2.2. It was also at a fact of the internation of the fax number supplied herein; 2.3. Fee Agreement 3.1. The D-Review shall provide the following services and to be paid as per schedule hereunder: A per attorney th	elf employed	Management accounts ar	are required if 9 months has lapsed since the financial year end of the b	
## 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 take into account any adjustments to the Customer(s) to ensure that the salary stop order is amended to take into account any adjustments. Customer(s) morthly 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. Customer(s) morthly repayments. 1. Extractions and Consent 1. Extraction and Consent 1. Declaration and Consent 2. Why the undersigned certify that all the information provided is true and correct, and that the have not withheld any information, which affect the decision. 1. Why the undersigned better providing D-Review with incorrect or false information may result in me/us being denied the protection offered by National Credit Act, No. 34 of 2005 if applicable. 2. Consent 2. If We consent to sending confidential information to the fax number supplied herein; 2.2. If We consent and authorise the D-Review pursuant to this application to: 2.2.1. Under consent and authorise the D-Review pursuant to this application to: 2.2.1. Under consent and authorise the D-Review pursuant to this application to: 2.2.1. Under consent and authorise the D-Review pursuant to this application, opening and termination of any agreement as permitted 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 3.2. Debt counselling service: 1. Single applications 2. After care fee 5% of total payment with maximum R400.00 3.3. Court application decoments 3.4. Legal Fees As per service tariffs 3.5. Order that I where have read and understood this application. (If not married by way of a duly registered Antenuptia		Valid passport and a tem	nporary residency permit with a remaining term of 3 years or more.	
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	Customer - Full Name/Su	rname	Customer - Full Name/Surname	
Signature Signature	Signature		Signature	