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Client Situation Review

Please help us get a look at your **current** situation.

PART 1 – PERSONAL INFORMATION			
NCR Ref No:		Registration Date:	
Full names and surname			
Maiden name (if applicable)			
Identity number (please attach a copy)			
Marital Status		In COP or not:	
No of Dependants (age & gender)			
Current Physical Address			
Postal code			
Home Owner?		Period at address:	
Postal address			
Postal code			
Tele No. (Home)		Cell phone number	
Email address			

PART 2 – INCOME		(Please attach a copy of your salary slip)	
Current type of work you do/Occupation			
Name of Current Employer/Company			
Address of Employer			
Tel of Employer:		Fax of Employer:	
Period at current employer			
Gross salary			
Deductions			
Tax:			
Medical Aid:			
Pension:			
Other deductions (specify)			
Total Deductions:			
Other income (Specify the source)			
Other income (Specify the source)			
Total nett Income			

T/A

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PART 3 – PARTNER’S INFO	
Full names and surname	
Maiden name (if applicable)	
Identity number (please attach a copy)	
Telephone number (Work)	
Telephone number (Home)	
Cell phone number	
Email address	
PART 3 (A) – PARTNER’S INCOME	(Please attach a copy of salary slip)
Type of work your partner does?	
Name of Employer	
Period at current employer	
Address of Employer	
Gross salary	
Deductions	
Tax:	
Medical Aid:	
Pension:	
Other deductions (specify)	
Total Deductions:	
Other income (Specify the source)	
Other	
Total nett income:	

For commission earners or self employed please use this formula:

Month:	Income:
Month:	Income:
Month:	Income:
Month:	Income:
Month:	Income:
Month:	Income:
Add last 6 months and then divide by 6 to get average:	Ave Income:

TOTAL HOUSEHOLD INCOME (after deductions): _____
 (i.e. personal income plus partner’s income, less all deductions)

PART 3 (B) – NEXT OF KIN INFO	(Updated- in case of changes)
Full names and surname	
Relationship to you	
Telephone number (Work/Home)	
Cell phone number	
Email address	



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PART 4 – MONTHLY COMMITMENTS

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

NOTE: If you pay any of these amounts as a once-off per year, then please divide the amount by 12 to get a monthly cost.

COMMITMENTS	MONTHLY EXPENSE	Office use	COMMITMENTS	MONTHLY EXPENSE	Office use
Rental only (For bond, see pg 4)			CAR rental only. (For Bank repayments see pg 4)		
Water			Insurance (car)		
Levy			Services		
Electricity			Petrol & oil		
Waste/Sewage			Other Transportation (bus, taxi etc) if no car		
Rates			Car license (divided by 12)		
Insurance on house structure			CHILDREN		
Insurance on house contents			School Fees		
Groceries			School Clothes (divided by 12)		
Toiletries & cosmetics			books/stationery (divided by 12)		
Snacks (at work/ school)			Transport to school		
Alcohol (drinks at pub/shabeen)			Lunch money		
TV license (per month)			Pocket money		
M-Net, DSTV etc			Monthly medication		
Going out for dinner – entertainment, movies			Contact Lenses		
DVD /video rentals			Other:		
Computer rental			UNUSUAL REGULAR EXPENSES		
Other:			Banking fees		
TELEPHONE			Entertainment		
Mobile Phone (1)			Newspapers		
Mobile Phone (2)			Alimony		
Internet			Clothing not on account		
Landline			Magazine subscriptions		
Cigarettes/etc.			Tithe (church)		
Char/House keeper/nanny			Charity/Donations		
Sub-Total:			Sub-total:		
			Grand Total:		

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Reasons why you had to enter debt review (initially):

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Do you feel it has helped you?

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Any changes to your circumstance since entering debt review

That may impact on how much you can repay (more or less)

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Amount I think I can now repay each month:.....
(can you handle more than before?)

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Plans to overcome present difficulties:

Plans to increase income and lower expenses or things you could sell:

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Assets:

(Things that you own e.g. Car / property /savings / policies [with a monetary cash in value])

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Have you been saving toward unexpected expenses?

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Have you been saving towards:

vehicle servicing/ vehicle licence/ school books/ school clothes/ TV licence etc?

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How much do you have saved?

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DECLARATION BY THE CONSUMER

I declare as follows:-

1. I understand to comply with all requests from the debt counsellor to assist him/her to evaluate my current state of indebtedness and the prospects for responsible debt restructuring;
2. I understand 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 terminates 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.
 - d. I leave the debt review process willingly
3. I confirm that the information contained in this document is, to the best of my knowledge, true and correct.

Signed at _____ (place) on this _____

(day) of _____ (month), _____ (year)

Signature: _____

Spouse Signature: _____