

T/A

Rod de Witt | NCRDC831 & Zachariah King | NCRDC884
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 | Fax 088 021 919 8082 |

Form 16

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 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.

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)			
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)	
What type of work you do/Occupation			
Name of 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			



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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 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	
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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PART 5 – DEBT OBLIGATIONS **(Please list from largest to smallest debt)** (Please provide statements of all outstanding balances due)

ACCOUNT NUMBER	TYPE OF DEBT (Home/car/clothing)	NAME OF CREDITOR	Interest Rate	TOTAL AMOUNT OUTSTANDING	MONTHLY COMMITMENT	NOTES
			Total:			

The amount I think I could repay each month with some changes in my budget is:

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Reasons for present financial difficulty:

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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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(As per previous page) Amount I think I can repay each month:.....