



Vredenburg

Employment (Applicant)	
Occupation	<input style="width: 95%;" type="text"/>
Name of employer	<input style="width: 95%;" type="text"/>
E-mail address	<input style="width: 95%;" type="text"/>
Address of employer	<input style="width: 95%;" type="text"/>
Name of Contact	<input style="width: 95%;" type="text"/>
Tel Nr of Contact	<input style="width: 45%;" type="text"/> Fax number <input style="width: 45%;" type="text"/>
Pay Number	<input style="width: 30%;" type="text"/> Period of Employment <input style="width: 20%;" type="text"/> Postal code <input style="width: 20%;" type="text"/>

Employment (Spouse)	
Occupation	<input style="width: 95%;" type="text"/>
Name of employer	<input style="width: 95%;" type="text"/>
E-mail address	<input style="width: 95%;" type="text"/>
Address of employer	<input style="width: 95%;" type="text"/>
Name of Contact	<input style="width: 95%;" type="text"/>
Tel Nr of Contact	<input style="width: 45%;" type="text"/> Fax number <input style="width: 45%;" type="text"/>
Pay Number	<input style="width: 30%;" type="text"/> Period of Employment <input style="width: 20%;" type="text"/> Postal code <input style="width: 20%;" type="text"/>

DEPENDANTS		
DEPENDANTS NAME & SURNAME	GENDER AND AGE	SCHOOL NAME
<hr/>	<input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/>	<hr/>
<hr/>	<input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/>	<hr/>
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Bank Details	
Bank	<input type="text"/>
Branch Name	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="text"/>
Branch Code	<input type="text"/>

Next of Kin 1	
Name and Surname	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
Postal Code	<input type="text"/>
Telephone number	<input type="text"/> Telephone number <input type="text"/>
E-mail address	<input type="text"/>

Next of Kin 2	
Name and Surname	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
Postal code	<input type="text"/>
Telephone number	<input type="text"/> Telephone number <input type="text"/>
E-mail address	<input type="text"/>



Vredenburg

Reason for Application	
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Declaration by the Consumer

I declare as follows:

I undertake to comply with all requests from the debt counselor to assist him/her to evaluate my state of over indebtedness and the prospects for responsible debt restructuring.

I hereby consent to the submission of my information to all registered credit bureaus by the debt counselor.

I also consent that the debt counselor may obtain my credit record from any/all registered credit bureaus and any other registers which may contain any of my credit information.

I undertake 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:

- 4.1 The debt counselor rejects my application
- 4.2 The court determines that I am not over-indebted, or
- 4.3 All my obligations under credit agreements as re-arranged are fulfilled.

5. 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

Signature (Spouse)

PLEASE FAX THE APPLICATION TO (022) 715 1515 WITH A COPY OF YOUR ID'S AND PAYSLIPS

INCOME			
Type of Income Client	Amount (R only)	Type of Income Spouse	Amount (R only)
Salary (W -weekly/M -monthly/F -fortnightly)		Salary (W -weekly/M -monthly/F -fortnightly)	
Bonus		Bonus	
Overtime		Overtime	
House Allowance		House Allowance	
Commission		Commission	
Grants		Grants	
Travel		Travel	
Shift Allowance		Shift Allowance	
Night Shift Allowance		Night Shift Allowance	
Property Rental		Property Rental	
Other		Other	
Other		Other	
Total Gross Income		Total Gross Income	
DEDUCTIONS			
Type of Deductions Client	Amount (R only)	Type of Deductions Spouse	Amount (R only)
PAYE		PAYE	
SITE		SITE	
UIF		UIF	
Pension		Pension	
Provident Fund		Provident Fund	
Retirement Annuities		Retirement Annuities	
Medical Aid		Medical Aid	
Union Fees		Union Fees	
Garnishee Order		Garnishee Order	
Loan		Loan	
Funeral Policy		Funeral Policy	
Life Scheme Insurance Scheme		Life Scheme Insurance Scheme	
Travel		Travel	
Other Deductions		Other Deductions	
Total Deductions		Total Deductions	
Nett Income		Nett Income	
TOTAL NET INCOME		R	

Signature _____

Signature (Spouse) _____



LIVING EXPENSES			
Type of Expense Client	Monthly Commitment (R only)	Type of Expense Spouse	Monthly Commitment (R only)
Property Rental		Property Rental	
Water / Electricity / Rates & Taxes		Water/Electricity/ Rates & Taxes	
Groceries & Cleaning		Groceries & Cleaning	
Toiletries		Toiletries	
Clothing		Clothing	
Transport		Transport	
Petrol		Petrol	
School Fees		School Fees	
After Care Fees / Creche		After Care Fees / Creche	
Cellphone		Cellphone	
Telephone (Landline)		Telephone (Landline)	
Medical (Chronic Medication)		Medical (Chronic Medication)	
Retirement Annuities		Retirement Annuities	
Other		Other	
Other		Other	
Other		Other	
Other		Other	
Other		Other	
TOTAL CLIENT		TOTAL SPOUSE	
TOTAL LIVING EXPENSES		R	
FOR OFFICE USE ONLY			
Total Income		R	
Total Living Expenses		R	
Rehabilitation Contribution		R	
Legal fee		R	
First Installment Date			

Signature _____

Signature (Spouse) _____

