

# APPLICATION FOR ASSESSMENT

(ALL APPLICATIONS MUST HAVE IDENTITY DOCUMENT/S ATTACHED)  
 LICENSED TO PROMOTE DEBT REVIEW UNDER SECTION 86 OF THE NATIONAL CREDIT ACT 34 OF 2005—UNDER LICENCE NO. NCRDC22224

PERSONAL INFO	CONSUMER 1	CONSUMER 2	
	FIRST NAMES		
	SURNAME		
	ID NUMBER		
	MARITAL STATUS		
	GENDER		
	RACE GROUP		
	DEPENDANTS (WITH AGES)		
	PHYSICAL ADDRESS		
	RENT / OWN	CODE: <input type="text"/>	CODE: <input type="text"/>
	CELLPHONE/LANDLINE NO.		
	EMAIL ADDRESS		
EMPLOYED STATUS (IMPORTANT INFO NEEDED)	<input type="checkbox"/> PERMANENT <input type="checkbox"/> CONTRACT <input type="checkbox"/> PART TIME <input type="checkbox"/> FAMILY EMPLOYED <input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> PERMANENT <input type="checkbox"/> CONTRACT <input type="checkbox"/> PART TIME <input type="checkbox"/> FAMILY EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UNEMPLOYED	

D: LIVING EXPENSES		
DOMESTIC WORKER:		
GROCERIES:		
WATER & ELECTRICITY:		
LAND LINE PHONE:		
CELL PHONE:		
SECURITY:		
BUS / TAXI / TRAIN:		
PETROL / CAR MAINTENANCE:		
RATES & TAXES:		
SCHOOL FEES:		
HOSTEL FEES:		
AFTER SCHOOL CARE:		
ALIMONY / MAINTENANCE:		
BANK CHARGES:		
CLOTHING:		
RENT / BOARD & LODGING:		
INSURANCE:		
ASSURANCE:		
OTHER FINANCIAL SERVICES:		
MEDICAL EXPENSES:		
TOTAL HOUSEHOLD BUDGET:		

H: DEBT INFORMATION: MONTHLY INSTALMENTS	TOTAL
Consumer 1:	
TOTAL:	
Consumer 2:	
TOTAL:	
TOTAL (H)	
TOTAL MONTHLY SAVING (H-G)	

INCOME VS. EXPENDITURE	CONSUMER 1	CONSUMER 2	TOTAL
A. NETT INCOME			
B. ANY ADDITIONAL INCOME (EG. GRANTS / MAINTENANCE / RENT etc.)			
C. TOTAL INCOME (A+B)			
D. TOTAL LIVING EXPENSES			
E. OTHER EXPENSES			
F. TOTAL EXPENSES (D+E)			
G. DISPOSABLE INCOME (A-F) (APPROXIMATE DEBT REVIEW AFFORDABILITY)			

**CONSENT TO VERIFICATION OF DATA PROVIDED AND CONSENT TO CREDIT CHECK**

In terms of Regulation 24 (3) of the NCA 34 of 2005, I/We hereby consent to The Debt Doctors verifying all information provided in this application from my credit providers, employer, bank and any other reasonable method including obtaining my/our credit record from any/all of the registered Credit Bureaus. I/We declare that the information contained herein is true, accurate and complete to the best of my/our knowledge. I/We consent further to the submission of my/our information to the Credit Bureaus by the debt counsellor.

Signature: \_\_\_\_\_

THIS APPLICATION FOR ASSESSMENT OF DEBT REVIEW IS SIGNED BY MY/OUR HAND AT \_\_\_\_\_ ON THIS \_\_\_ DAY OF \_\_\_\_\_ 20\_\_

CONSUMER 1 \_\_\_\_\_ CONSUMER 2 \_\_\_\_\_

**OFFICE USE ONLY**

ASSISTED BY \_\_\_\_\_ FULL NAMES \_\_\_\_\_