

HAVE YOU EVER BEEN UNDER ADMINISTRATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER APPLIED TO BE PLACED UNDER DEBT REVIEW?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER APPLIED TO BE PLACED UNDER SEQUESTRATION / INSOLVENCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", provide details: _____		
I/We understand that failure to disclose my/our status may result in rejection and I/We may become liable for irretrievable cost to client in this application. Signature/s: _____		

How did you become over indebted?

What can you sell to raise cash to settle smaller debts? Do you have any luxury items you could sell?

NOTES On receipt of this application, the Debt Counsellor will advise all of your Credit Providers and all Registered Credit Bureaus that you have applied for debt review. You will be listed at all Registered Credit Bureaus that you have applied for debt review. This application must be completed fully and include a list of all your Credit Providers. It must also be accompanied by copies of all the documents requested by your Debt Counsellor. Should documents not be provided within 10 days of signature, the application will be rejected by the Debt Counsellor with irretrievable cost to client due.

CONSENT TO VERIFICATION OF DATA PROVIDED AND CONSENT TO CREDIT CHECK	Signature:
In terms of Regulation 24 (3) of the NCA 34 of 2005, I/We hereby consent to Doctor Debt 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.	

DECLARATIONS AND CONSENTS	Signature:
I/We hereby declare that by signing this Application Form I/we are fully committed to the Debt Review Process and undertake to comply with all requests from the Debt Counsellor to provide information to assist in the evaluation of my indebtedness and the prospects for reasonable debt restructuring.	
I/We undertake to not enter into any further credit agreements until the following has occurred: a) The Debt Counsellor rejects my application, or b) The Court determines that I am /We are not over indebted, or c) All of my/our credit obligations are fulfilled.	
I/We undertake to not use any of my/ our credit facilities and confirm all credit and store cards are destroyed.	
I/We confirm that Debt Counselling fees have been explained in full to me/us as laid out below: (All Fees are Excluding VAT) Application Fee of R50 and Administration Fee of R300 payable upfront and in full on application; Restructuring Fee equal to one months debt distribution and capped at a maximum of R8000 Single application and/or R9000 Joint application; Reckless Lending Investigation Fee R1500 (if applicable); Section 87 Fees of R4500 for which I/We will receive a pro-forma invoice. Aftercare Fees in line with NCR Guidelines, currently at 5% of my debt distribution. PDA fees according to NCR guidelines. I/We understand that all Debt Counselling and PDA fees are as published on the NCR website and subject to change from time to time by the regulatory authority.	
I/We confirm that I/We understand that prior to the Debt Counsellor issuing a determination by Form 17.2, that we may withdraw from the process. I/We have received a copy of the NCR Fee Guidelines and understand the associated fees as laid out in the NCR Guidelines as stated above and that there is a cost associated with me/ us withdrawing, in line with the NCR Guidelines.	
I/We confirm that I/We understand that a Payment Distribution Agency will be used to undertake our Debt Review Distributions.	
I/We understand and confirm that I/We may not withdraw from debt review after a successful 17.2 has been issued unless a) all my/our debts have been fully expunged, or b) a court declares me/us no longer over indebted, or c) my/our debt counsellor issues a Form 19 on completion and or normalisation of my credit agreements and that the debt counsellor will facilitate this exit process with my/our full cooperation.	
I/We consent to service by fax and email for all documents pertaining to the debt review processes, both between me/us and the Debt Counsellor and for all Court documentation. I/We confirm that I/We are prepared to give Special Power of Attorney and Consent in Terms of Regulation 50 to the Debt Counsellor to expedite the debt review processes on my/our behalf.	
In the event of the Debt Counselling Services being suspended by the Debt Counsellor, the consumer/s hereby indemnifies and holds the Debt Counsellor (its Directors, Shareholders, Employees and Consultants) harmless against; Termination by Credit Providers and/or All claims, losses costs and expenses incurred or suffered by the Consumer/s arising from any claim/s instructed by any third party in relation to or in connection with the Debt Counselling process.	

CONSENT TO REFUND	
I/We consent that any funds that have been overpaid to my/our Credit Providers whilst under debt review will be refunded directly to my/our PDA to be distributed to any other credit agreements that still have not been settled. Any overpayments once all my debts and all fees have been settled will then be refunded to me/us on successful completion of my/our debt review.	

DEBIT ORDER MANDATE	
I hereby request, instruct and authorise Doctor Debt to issue instruction on my behalf to Hyphen Bureau Services to draw against my account as detailed below, the sum of R _____ a month. This deduction should start on the _____ (day) of _____ (month) _____ (year) and this instruction shall remain in force for the duration of my debt review. I confirm that my salary is paid into my account on the _____ day of the month.	
1. I agree to pay any bank charges associated with this instruction 2. I understand that my monthly disbursement may increase according to the written instruction of my Debt Counsellor 3. I agree to advise my Debt Counsellor in writing immediately of any change to my Bank account that will affect my debit order instruction	

BANK	ACCOUNT NUMBER	SORT CODE	ACCOUNT TYPE
SIGNED at _____ ON _____ DAY OF _____ 20 _____	AUTHORISED ACCOUNT SIGNATORY: _____		

THIS APPLICATION FOR DEBT REVIEW IS THUS SIGNED BY MY/OUR HAND AT _____ ON THIS _____ DAY OF _____ 20 _____	
CONSUMER 1 _____	CONSUMER 2 _____
OFFICE USE ONLY	
ASSISTED BY _____	FULL NAMES _____