



# LC Debt Counselling

Your Financial Anchor

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Website: [www.lcdebtcounselling.co.za](http://www.lcdebtcounselling.co.za)

## APPLICATION FORM form 16

### INFORMATION AND DOCUMENTATION

Documentation required for this Application, please send with completed form.

- Copy of Identity document(s).
- Marital certificate if married in community of property.
- Ant-Nuptial Contract if married out of community of property (with Accrue/ without Accrue)
- Proof of Income (Salary slips x3) if commission is earned x6.
- Last three months bank statements.
- Any legal documents of correspondence from creditors or attorneys, or garnishee orders.
- Proof of residence (as this is used to establish jurisdiction, only water and lights account, levy statements or signed lease agreements accepted)

### PERSONAL PARTICULARS – MAIN APPLICANT

TITLE:	
FIRST NAMES:	
INITIALS:	
SURNAME:	
ID NUMBER:	

- National ID
- Passport Number

PASSPORT NUMBER:

DATE OF BIRTH:

Mark the following with\* an X

ETHNIC ORIGIN\*: ASIAN  BLACK  COLOURED  INDIAN  WHITE

SA CITIZEN\*: YES  NO

GENDER\*: M  F

MARITAL STATUS\*:

Married (ANC) with \_\_\_\_\_ without \_\_\_\_\_

Civil Union

Divorced

Tribal Law (Registered)

Married (COP)

Single

Widowed

Tribal Law (Not Registered)

**CONTACT DETAILS**

	Main Applicant	Second Applicant
TELEPHONE (WORK):		
TELEPHONE (HOME):		
TELEPHONE (CELL):		
ALTERNATIVE CONTACT		
EMAIL ADDRESS:		

**PREFERED METHOD OF CONTACT\*:**

Email

Telephone

SMS

**PHYSICAL ADDRESS:**

**POSTAL ADDRESS:**

**RESIDENCE\*:** Tenant  Years  Owner

**SECOND APPLICANT (SPOUSE)**

(If married COP/Tribal marriage after 1988 – both spouses must apply for debt review as per NCA)

**TITLE:**

**FIRST NAMES:**

**INITIALS:**

**SURNAME:**

**ID NUMBER:**

- National ID
- Passport Number

**PASSPORT NUMBER:**

**DATE OF BIRTH:**

Mark the following with\* an X

**ETHNIC ORIGIN\*:** ASIAN  BLACK  COLOURED  INDIAN  WHITE

**SA CITIZEN\*:** YES  NO

**GENDER\*:** M  F

**EMPLOYMENT DETAILS (MAIN APPLICANT)**

Employer:

EMPLOYER ADDRESS:

EMPLOYER CONTACT:

OCCUPATION:

PERIOD OF OCCUPATION:

SALARY DATE:

**EMPLOYMENT DETAILS (SECOND APPLICANT)**

Employer:

EMPLOYER ADDRESS:

EMPLOYER CONTACT:

OCCUPATION:

PERIOD OF OCCUPATION:

SALARY DATE:

**BANKING DETAILS \*\* please note that in order to prevent money grabbing you will be required to obtain new banking details at a bank you are not indebted to**

ACCOUNT NAME:

BANK:

BRANCH CODE:

BRANCH NAME:

ACCOUNT NUMBER:

ACCOUNT TYPE:

**DEPENDANTS:**

NAME	AGE	GENDER	RELATIONSHIP

**PREVIOUS DEBT COUNSELLING:**

Have you previously applied for, or been under debt counselling in the past? If yes, please provide details:

**Reason For Transfer**

**REASON FOR DEBT COUNSELLING\* Mark with an X**

Accommodation  Accident (Motor)  Divorce  Death

Aggressive Marketing  Funeral  Cost Of Housing  Family Responsibility (Birth)

Lack Of Education  Lifestyle (Excessive)  Medical (Illness)  Retrenchment

Economic Factors( Changes in interest rates)

Substance abuse/ Addiction (Drugs , Alcohol, Gambling)

Other (Specify below) Detailed


BUDGET

GROSS INCOME

Details	Main Applicant	Second Applicant (Spouse)	Comments
Nett Salary			
Bonus			
Commissions			
Dividends			
Grants			
Interest Income			
Investment Income			
Overtime			
Pension			
Property Rental			
Other (Specify)			
TOTAL	=		

STATUTORY DEDUCTIONS

Details	Main Applicant	Second Applicant (Spouse)	Comments
PAYE			
SITE			
UIF			
Garnishee			
Other (Specify)			
TOTAL	=		

**NON-STATUTORY PAYS LIP DEDUCTIONS**

Details	Main Applicant	Second Applicant (Spouse)	Comments
Funeral Cover			
Group Insurance Schemes			
Insurance Premiums			
Loans from employer			
Medical Aid			
Pension			
Provident Fund			
Retirement Annuities			

Union Fees			
Other (Specify)			
TOTAL	=		

**HOUSEHOLD EXPENSES**

Details	Main Applicant	Second Applicant (Spouse)	Comments
After School Care			
Alimony/Maintenance			
Assurance			
Bank Charges			
Bread & Milk			
Bus/ Taxi / Train			
Cellphone			
Chemists			
Church / Charity			
Clothing			
Doctors			
Domestic Worker			
Entertainment (DSTV)			
Gambling			

<b>Gardener Services</b>			
<b>Going Out</b>			
<b>Home Maintenance</b>			
<b>Hostel Fees</b>			
<b>Insurance</b>			
<b>Internet</b>			
<b>Levies</b>			
<b>Liquor</b>			
<b>Meat</b>			
<b>Medical Aid</b>			
<b>Other : Specify</b>			
<b>Other Financial Service: Specify</b>			
<b>Other Groceries</b>			
<b>Parking</b>			
<b>Pension</b>			
<b>Petrol/ Car Maintenance</b>			
<b>Pool Chemicals</b>			
<b>Rates &amp; Taxes</b>			
<b>Savings</b>			
<b>School Fees</b>			



Security			
Smoking			
Social Club			
Sports ( Gym)			
Telephone			
Vegetables / Fruit			
Water & Electricity			
Total	=		

**CREDITOR DETAILS- IF AVAILABLE**

Name Of Creditor	Account Number	Installment	Interest Rate	Outstanding Balance
1				
2				
3				
4				
5				
6				
7				
8				
9				

10				
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I confirm that the information contained in this documents is, to the best of my knowledge true and correct.

I confirm that I understand that there are fees payable to the debt counsellor, attorney for services rendered during this application

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2021

Applicant Signature \_\_\_\_\_

Second Applicant \_\_\_\_\_

CONSENT FORM

I the undersigned \_\_\_\_\_ & \_\_\_\_\_

I.D Number: \_\_\_\_\_ & \_\_\_\_\_

Declare as follows:

1. I undertake to comply with all the requests from the debt counsellor to assist her to evaluate my state of indebtedness and the prospects for responsible debt restructuring
2. I hereby consent to the submission of my information to all registered credit bureaus by the debt counsellor
3. I consent that the debt counsellor may obtain my credit records from all/ any registered credit bureaus and from any other register which may contain any of my credit information for the debt review purposes.
4. 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 have occurred.
  - The debt counsellor rejects my application
  - The court determines that I am not over indebted or
  - All my obligations under the 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 \_\_\_\_\_ on this \_\_\_\_\_ day of  
\_\_\_\_\_ 2021

Applicant : \_\_\_\_\_

Second Applicant: \_\_\_\_\_