



082 824 6186 info@lcdebtcounselling.co.za 819B 5th Avenue Wonderboom South 0084

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:		

PREFERRED 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 PAYSIP 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			

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

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				
----	--	--	--	--

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: _____