

Debt Review Application

NCR FORM 16

Application by the consumer for debt review in terms of Section 86 of the National Credit Act, 34 of 2005

- ✦ Please send the completed form and documentation to **hello@foster.co.za**
- ✦ Should you have any questions or you would like more information, please call us on **087 114 3399** or email **hello@foster.co.za**

Please note that:

- ✦ On receipt of this application the Debt Counsellor will advise all credit providers and all registered credit bureaus that you have applied for debt review;
- ✦ You will be listed with all registered credit bureaus that you have applied for debt review,
- ✦ This form must be accompanied by a list of all credit providers as well as copies of all documents requested;
- ✦ Should any documents not be submitted within 10 days of the Application being received by the Debt Counsellor, your application will not be accepted.

1. Personal Information

APPLICANT 1

First name: Last name:
 ID number: Date of birth: (d) (m) (y)
 Address: Code:

CONTACT DETAILS

Cell: Email address:

EMPLOYMENT DETAILS

Name of employer: Pay date:

MARITAL STATUS

Single Married Divorced Separated Widower

If married, confirm marriage agreement.

Ante nuptial contract Traditional In community of property

APPLICANT 2 (if married in community of property)

First name: Last name:
 ID number: Number of dependants: Age of dependants:

CONTACT DETAILS

Cell: Email address:

EMPLOYMENT DETAILS

Name of employer: Pay date:

Debt Review Application

NCR FORM 16

2. Income

APPLICANT 1 +	-	=
Gross Salary:	Deductions:	Average net income:
	Tax	
	Medical aid	
	Pension	
	Total other	
APPLICANT 1		
Gross Salary:	Deductions:	Average net income:
	Tax	
	Medical aid	
	Pension	
	Total other	
TOTAL INCOME		Total net income: (Applicant 1+2)

3. Monthly Commitments

List all your monthly living expenses. If this is a joint application, please include the joint monthly expenses. Do not include any of your outstanding debt repayments.

Groceries (food, toiletries, pet care)		Medical expenses	
Rent (excluding bond repayment)		Internet	
Water and electricity		Cell phones	
Rates and taxes/ levies		Subscriptions (total monthly fees)	
Short term insurance (vehicle and household)		Domestic worker	
Petrol / transport		Gardner	
Parking		Clothing	
School fees, creche, aftercare		Entertainment	
Maintenance to dependants		Long-term insurance/ policies	
Bank charges		Other:	
Medical aid			
		TOTAL	

Debt Review Application

NCR FORM 16

4. Debt Obligations

Credit provider	Type of credit (eg., personal loan, credit card, vehicle finance)	Account number	Outstanding balance	Monthly instalment

5. Cancellation of Debit Orders

List all debt obligations that are paid via debit order.

Credit provider	Account number

By completing this section and signing the form, you are giving Foster permission to cancel your debit orders.

Debt Review Application

NCR FORM 16

Declaration by the consumer

I declare as follows

- ✦ I undertake to comply with all requests from the debt counsellor to assist him/her to evaluate my state of 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 counsellor;
- ✦ I also consent that the debt counsellor 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:
 - a. The debt counsellor rejects my application;
 - b. The court determines that I am not overindebted; or
 - c. All my obligations under credit agreements as rearranged 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) _____

Name Applicant 1

Name Applicant 2

Signature Applicant 1

Signature Applicant 2