

# ONE



Onedebt (Pty) Ltd

Tel : 087 150 9798

Fax : 086 609 1799

Cell: 084 527 1574

Email: salesmanager@onedebt.co.za

## APPLICATION BY CONSUMER FOR DEBT REVIEW IN TERMS OF SECTION 86 OF THE NATIONAL CREDIT ACT 34 OF 2005

NCR NUMBER :

Personal information	Form 16											
	Primary applicant						Secondary applicant					
Title:	Miss	Mrs.	Mr.	Dr	Prof	Adv	Miss	Mrs.	Mr.	Dr	Prof	
First Names:												
Surname:												
ID Number:												
Passport Number:												
Age:												
Gender:	Male			Female			Male			Female		
Race:	Asian	Black	Coloured	White			Asian	Black	Coloured	White		
Work Phone:												
Home Phone:												
Cell:												
Fax Number:												
E-mail Address:												
Home Address:												
Postal Code:												
Postal Address:												
Postal Code:												
Marital Status:	Ante Nuptial		Community of property		Divorced		Traditional		Widowed		Single	
Number of Children / Dependants:												
Ages and gender of dependants:	Male						Female					
	Tenant						Owner					
Next of kin name:												
Next of kin contact details:												
Next of kin Physical Address:												

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### Employment Details

Company Name:

Employee Number:

Employer's Telephone  
Number:

Employer's Address:

### Banking details

Bank name

Branch code

Branch name

Account holder

Account number

### Debit order date

### Income

Gross salary

Bonuses

December Pay Day:

House Allowance

Interest received

Maintenance

Overtime

Personal Gifts

Rent Received

Second Job

Subsidies and Grants

Other income

### Deductions

Medical Aid

Pension fund

Loans

Union Subscriptions

Insurance

Group life

Garnishes /Admin Order

Funeral Policy

PAYE

UIF

RA'S/ENDOWMENT

SITE

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Other

Other

Other

Other

Other

Other

Total Deductions:

Deductions to be removed :

**Nett salary:**

LIVING EXPENSES

DSTV

Gardener/Service:

Contingency

Groceries: Food

Water & Electricity:

Land Line Phone:

Cell Phone:

Internet:

Other Financial Services:

Provision for Savings:

Bus/Taxi/Train/Car:

Life Insurance

Medical Aid:

Pension:

**Total living Expenses**

Provident fund

Car insurance

Rates & Taxes:

Body Corporate  
Levies:

School Fees:

University/Tech  
Fees:

Crèche:

Alimony/Maintenanc  
e:

Church:

Bank Charges:

Rent/Board:

Insurance:

Other:

Other:

Other:

**Available for  
Distribution**

Why are you considering debt review?



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I declare as follows;

1. 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.
2. I hereby consent to the submission of my information to all registered credit bureaus by the debt counsellor.
3. 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 my credit information.
4. I undertake not to enter into any other credit agreements, other than a consolidated agreement, with any credit provider until one of the following has occurred;
  - a. The debt counsellor rejects my application
  - b. The court determines that I am not over indebted
  - c. All my obligations under credit agreement 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 (place)  on this  day of  (month) of  (year)

SIGNATURE