

Debt Restructuring Services Queenstown CC - CK2009/067497/23

**Applicant Details:** 

First Floor Office "F" 4 Robinson Road Queenstown 5320 Tel - 045 838 9764 Fax - 045 838 6572 Email - annerie@ecdebthelp.co.za herman@ecdebthelp.co.za

#### Application for Debt Review - (Debt Wise)

pp.:	
Date:	<u></u>
Title:	<u> </u>
Full names:	
Surname:	
Maiden name:	
Birth date:	
ID no:	
Gender:	
Marital Status:	Date divorced:
How married:	
Residential Address:	
Postal code:	
Postal Code:	
Residential ownership:	Period at address:
No of Dependants:	
E-Mail:	
Home Telephone:	
Work Telephone:	
Cellular:	

## **Banking Details:**

Bank Name:	
Branch:	
Account Name:	
Account No:	
Branch Code:	
Account Type:	
	loyment:
Occupation:	
Employer:	
Pay no:	
Employer Street Address:	
Postal Code:	
Employer Tel No:	
Employer Fax No:	
Spouse details	(where applicable):
Surname:	
Full Names:	
Maiden Name:	
Birth Date:	-
ID no:	
Gender:	
E-Mail:	
Spouse Home Telephone:	
Spouse Work Telephone:	
Spouse Cellular:	

### **Spouse Employment:**

Occupation:		
Employer:		
Postal Code:		
Period Employed:		
	Next of kin:	
Name:		
Postal Code:		
Telephone no:		<u> </u>
Relationship:		<u> </u>
	Next of Kin – 2:	
Name:		
Address:		
Postal Code:		
Telephone no:		_
Relationship:		<u></u>

	<u>B</u>	udget:
Income type, monthly, Weekly, Fortnightly :		
		_
Gross Salary:		
Other Income		
Other Income		
Other Income		

### **Deductions:**

PAYE	
UIF	
MEDICAL AID	
PENSION	
UNION	

Total Gross Income

## **Other Deductions:**

Amount	e.g Insurance, stop orders ect.	Remarks
1 - R		
2 -R		
3 -R		
4 -R		
5 -R		
6 -R		
7 -R		
8 -R		
9 -R		
10 -R		
11 -R		
12 -R		
13 -R		
14 -R		
15 -R		

Total deduction	R
Remove deductions	R
Nett Salary	R

# Monthly Commitments (School fees, rates, groceries, taxes, telephone)

1	R	
2	R	
3	R	
4	R	
5	R	
6	R	
7	R	
8	R	
9	R	
10	R	
	R	Total Deductions
	R	Available for Distribution

# **Debt Obligations:**

Creditors	Account no	Reason(loan)	Outstanding (R)	Repayment( R)
		TOTAL	R	R