

Debt Review Removal Application Form - I want to Exit Debt Review

APPLICATION TO BE CONFIRMED NOT OVER-INDEBTED AND TO REJECT A DEBT RE-ARRANGEMENT RECOMMENDATION/ORDER

Applicant details: If you are married in community of property, both spouses must apply jointly.

Main (1st) Applicant		
TITLE	INITIALS	IDENTITY NUMBER
FULL NAMES & SURNAME	GENDER	ETHNIC GROUP
MARITAL STATUS	MOBILE NUMBER	EMAIL ADDRESS
ADDRESS		
PROVINCE	POSTAL CODE	
- 1 <u>-</u>		
OWNER/TENANT:		
PERIOD AT ADDRESS:	NUMBER OF DEPENDENTS	
AGE OF DEPENDANTS		
2nd Applicant (SPOUSE) - Married COP	· If	
TITLE	INITIALS	IDENTITY NUMBER
FULL NAMES & SURNAME	GENDER	ETHNIC GROUP
MARITAL STATUS	MOBILE NUMBER	EMAIL ADDRESS

PROVINCE	POSTAL CODE	
EMPLOYMENT DETAILS		
Main (1st) Applicant		
NAME OF EMPLOYER / COMPANY NAME	EMPLOYMENT TYPE	OCCUPATION
GROSS SALARY (BEFORE DEDUCTIONS)	TOTAL DEDUCTIONS	TOTAL NETT INCOME (AFTER DEDUCTIONS)
PAY DATE		
2nd Applicant (SPOUSE)		
NAME OF EMPLOYER / COMPANY NAME	EMPLOYMENT TYPE	OCCUPATION
GROSS SALARY (BEFORE DEDUCTIONS)	TOTAL DEDUCTIONS	TOTAL NETT INCOME (AFTER DEDUCTIONS)
HOUSEHOLD LIVING EXPENS	SES	
FAMILY EXPENSES	GROCERIES	PETROL / TRAVEL
TELEPHONE / CELLPHONE	BANK CHARGES	CLOTHING
OTHER LIVING EXPENSES	TOTAL HOUSEHOLD LIVING EXP	ENSES
DEBT OBLIGATIONS		
CREDITORS NAME	CREDITORS	NAME
WHO IS AWAS VOLID DEPT COLLASSILL	002	
WHO IS/WAS YOUR DEBT COUNSELL	UN:	

COMBINED APPLICATION IN THE NAME OF BOTH PARTIES (HUSBAND AND WIFE) MADE?*			
WHY DO YOU WANT YOUR NAME TO BE REMOVED FROM	A DEBT REVIEW.		
THE APPROXIMATE DATE YOU WERE PLACED UNDER DE	BT REVIEW		
IS YOUR DEBT REVIEW SUBJECT TO A COURT ORDER?			
APPROXIMATELY WHEN LAST DID YOU MAKE PAYMENTS	TO THE PAYMENT DISTRIBUTION AGENCY/DEBT COUNSELOR?		
HAVE YOU RECEIVED ANY CANCELLATION DOCUMENTAT	TION FROM YOUR DEBT COUNSELOR?		
YOUR INCOME AT THE TIME YOU WERE PLACED UNDER	DEBT REVIEW WAS APPROXIMATELY?		
HAVE YOU SETTLED ANY ACCOUNTS THAT WERE PLACE	D UNDER DEBT REVIEW?		
FOR YOUR OUTSTANDING ACCOUNTS, CAN YOU AFFORD ACCOUNT BEFORE YOU WENT UNDER DEBT REVIEW?	O THE ORIGINAL INSTALLMENTS THAT WERE DUE TO EACH		
ARE YOU ALREADY MAKING PAYMENTS DIRECTLY TO YO	OUR CREDITORS?		
	GER HAVE PROTECTION IN TERMS OF THE NATIONAL CREDIT PRCE A CREDIT AGREEMENT IF YOU DO NOT HAVE PAYMENT G AMOUNTS?		
NOTE: The fee is R8550.00 vat exclusive			
This is due on your pay-day or as agreed, it can be arrang There are no upfront fees and the initial assessment is FF			
Power of Attorney			
By this Power of Attorney I the undersigned,			
NAME:	ID:		
SURNAME:	GENDER:		

ADDRESS (CURRENTLY RESIDING AT):				
hereby appoint Sibabalwe Dakana, NCRDC 3106 of The Naplace of business at 10 Newton Street Suite 1, Adel Centre South Africa 6055 ("the Debt Counsellor"), to be my true full power and authority to, on my behalf:	· · · · · · · · · · · · · · · · · · ·			
1. To obtain a copy of the court order placing me under de under debt review or at the magistrate's court;				
2. To obtain the proof of income that I submitted to the dreview;	ebt counsellor when I applied to be placed under debt			
3. To obtain paid up letters and statements from all my cu4. To obtain my updated accounts reflecting current outsamount from all my creditors;				
5. To instruct an attorney to appear in court on my behalf any document on my behalf.6. To cancel any debit orders;	and to perform any other act on my behalf and/or sign			
7. Stop payments of any debit orders,				
To enable the agent to facilitate the rescission of the counadministration and/or to have me declared no longer over-Withdrawal Guidelines.				
SIGNED AT:	DATE			
SIGNED AT:	DATE			
SIGNED AT: CUSTOMER: FULL NAME	DATE			
	DATE			
CUSTOMER: FULL NAME	DATE			
CUSTOMER: FULL NAME CUSTOMER:	DATE			

NCRDC3106 info@ndrc.org.za

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Declaration

I declare as follows:

- I undertake to comply with all requests from The National Debt Review Center to evaluate my state ofindebtedness and to investigate the prospects for responsible clearance of my name. I consent to The National Debt Review Center to 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 consolidation agreement, with any credit provider until one of the following events have occurred: The National Debt Review Center rejects my application; or The Court determines that I am still over-indebted; or
- 3. I undertake not to hand over any of my assets to debt collectors unless I have first discussed thematter with The National Debt Review Center
- 4. I confirm that the information contained in this document is to the best of my knowledge true and correct.
- 5. I declare that the debt review removal process has been explained to me and I understand that: My debt remains my responsibility and that I must continue making payments to all my credit providers every month.
- I understand and accept The National Debt Review Center Fee Structure as set out below.
- I understand my debt review removal application must be finalized with a court
 order and lauthorize The National Debt Review Center to instruct an attorney to
 appear in court on my behalf and I accept full responsibility for the settlement of the
 legal fees as set out below.
- I understand that if I default on any obligation with credit providers, such credit providers may then enforce, by litigation or other judicial process, any right or security they may have under my credit agreements. I understand that I will be required to pay the instalments and interest rates as required by my credit providers and credit providers can proceed with legal action against me that may result in judgment being taken and repossession of my assets should I not meet these obligations.
- 6. I understand that the debt review listing on my name will only be cleared after a court declares me no longer over-indebted. Should my application be unsuccessful any further court action will be done at my expense to clear my

The National Debt Review Center - Company Reg: 2014/286439/07

name.

1) I understand that my creditors and debt counsellor might not be willing to release my account

information to The National Debt Review Center directly. I will then assist in obtaining the documents

required by Debt Review Removal SA to finalize my application.

2) I understand that there is a duty on me to inform The National Debt Review Center of any changes in

my residential address, telephone numbers, employer, and income.

3) I indemnify all employees and nominees of The National Debt Review Center against any claim that

may be instituted against it or them arising from any act or omission by such person appointed by The

National Debt Review Center or its nominee in the lawful execution of the terms and conditions of this

agreement entered into by myself, and confirm that The National Debt Review Center shall not be liable

for any damages suffered by me resulting from any act or omission of whatsoever nature, however

arising. I hereby acknowledge that all lawful actions taken by The National Debt Review Center under its

powers under this agreement are tacitly ratified by me, and I will be bound by such agreements as

principal debtor.

The National Debt Review Center Fee Structure

Fee's payable are as follows (all amounts quoted exclude VAT):

1) An administration and legal fee payable of R8550.00

2) Payment can be split over two, three or four months as agreed.

3) I understand that should The National Debt Review Center not be able to obtain a court date for my

case to be heard after 90 days of receiving my completed application. The National Debt Review Center

will refund me in full or in part of the fee I paid to them as set out above.

NED AT:
TE CONTRACTOR OF THE CONTRACTO
ME OF MAIN APPLICANT:
NATURE OF MAIN APPLICANT:
ME OF 2ND APPLICANT:

SIGNATURE OF 2ND APPLICANT:		
Thank you for trusting The National Debt Revi	iew Center to help you take back control of your finance	es.
As discussed, we can remove your debt review	w listing and the fees involve will be R8550,00 vat exclu	sive
TO LIGHTEN THE BLOW ON YOUR BUDGET YOU R8550/R4275/R2850	J CAN MAKE THE PAYMENT IN MONTHLY INSTALMENTS (OF:
l,	ID:	
will make payment to The National Debt Revie	ew Center as indicated above.	
SIGNED AT:	DATE	
NAME AND SURNAME:		
SIGNATURE		