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 Rainer Grötsch (Debt Counsellor) NCRDC 2079 Arna Grötsch (Attorney / Debt Counsellor) NCRDC 1209

FOR OFFICE USE ONLY

DW ..... NCR ..... Date: ..... Form 17.4 .....

**Are you registered with another Debt Counselor? If so, kindly provide us with a name and contact details.**

Name of previous DC: \_\_\_\_\_

Contact details: \_\_\_\_\_ When registered: \_\_\_\_\_

**PERSONAL**

APPLICANT

SPOUSE

Full Names:				
Known as:				
Surname:				
ID number:				
Cell:				
Email:				
Tel: (other)				
Language:	Afrikaans / English			
Marital Status:	Single Divorced / Widowed – <b>PROVIDE PROOF</b> Separated – FROM DATE _____ <b>Married (In community) (Civil Union) (Traditional/Customary) – PROVIDE SPOUSE DETAILS</b> <b>Married Out of community (With Accrual / Without Accrual) – PROVIDE PROOF</b>			
Street Address:				
City:		Postal Code:		
Residential Ownership:	Tenant / Owner / Co-owner / Living with relatives			
Postal Address:				
City:		Postal Code:		

**REASONS FOR APPLICATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

APPLICANT

SPOUSE

Employer:		
Job Description:		
Address:		

## DEPENDANTS

1) Name: Surname (If different)		Relationship: Date of Birth / Age	
2) Name: Surname (If different)		Relationship: Date of Birth / Age	
3) Name: Surname (If different)		Relationship: Date of Birth / Age	
4) Name: Surname (If different)		Relationship: Date of Birth / Age	

ARE YOU PAYING CHILD SUPPORT? YES / NO HOW MUCH DO YOU PAY PER CHILD? R \_\_\_\_\_

**KINDLY PROVIDE US WITH A COPY OF YOUR MAINTENANCE COURT ORDER.**

## NEXT OF KIN

Name:		Relationship: Telephone nr:	
Name:		Relationship: Telephone nr:	

Current Bank: \_\_\_\_\_ Change to new bank: \_\_\_\_\_ Yes/No

New Bank: \_\_\_\_\_

## **PLEASE REMEMBER**

**CHANGE YOUR BANK AS SOON AS POSSIBLE (where you don't owe anything).  
STOP ALL DEBIT ORDERS TO AVOID UNNECESSARY BANK CHARGES.**

**Send the following documents within the next 5 business days:**

- Copy ID (Principle Applicant and Spouse)
- Copy of last 3 payslips
- Proof of residence
- Proof of child maintenance court order (if applicable)

# BUDGET

## Monthly Income:

Details:	Client	Spouse	Total	Notes:
Salary				
Commission				
Overtime				
Other:				
<b>Total Gross</b>				
Total Deductions				
<b>Nett Income</b>				

## Monthly Expenses:

Financial Services Expenses:	Client	Spouse	Total	Notes:
Household Insurance				
Vehicle Insurance				
Funeral Benefit Scheme 1				
Funeral Benefit Scheme 2				
Life Insurance				
Medical Aid				
Retirement Annuity / Pension Scheme				
Other:				

Sub-total Monthly Expenses 1:

Household Expenses:	Client	Spouse	Total	Notes:
Bank charges				
Cell Phone Charges: <i>Contract / Top-up</i>				
Child Support <b>PLS PROVIDE PROOF</b>				<i>Pls provide court order</i>
Contingencies <b>SPECIFY IN NOTES</b>				
Domestic Worker				
Entertainment <b>SPECIFY IN NOTES</b>				
Family Expenses <b>SPECIFY IN NOTES</b>				
Garden Services				
Groceries				
Rates & taxes - Municipality				
Rent				
School Fees <b>PLS PROVIDE PROOF</b>				
Security				
Telephone				
Transport: FUEL				
Transport: MAINTENANCE				
Transport: PUBLIC				
TV License				
Water & Electricity				

Sub-total Monthly Expenses 2:

<b>Total Monthly Expenses:</b>	
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<b>Available Distribution Amount:</b>	
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**APPLICATION FOR DEBT REVIEW**

**FORM 16**

**I/We** \_\_\_\_\_ (consumer)

(ID No \_\_\_\_\_) an adult **male / female**

and

\_\_\_\_\_ (spouse)

(ID No \_\_\_\_\_) an adult **male / female**

currently residing at

\_\_\_\_\_ (residential address)

**declare as follows:**

1. I/We undertake to comply with all requests from the debt counsellor to assist him/her to evaluate my/our state of indebtedness and the prospects for responsible debt restructuring.
2. I/We hereby consent to the submission of my/our information to all registered credit bureaus by the debt counsellor.
3. I/We also consent that the debt counsellor may obtain my/our credit record from any/all registered credit bureaus and any other registers which may contain any of my/our credit information.
4. I/We 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/our application;
  - b. The court determines that I am/we are not over-indebted; or;
  - c. All my/our obligations under credit agreements as re-arranged are fulfilled
5. I/We confirm that the information obtained in this document is, to the best of my/our knowledge, true and correct.
6. I/We the undersigned consumer/s hereby agree and undertake to keep the Debt Counsellor indemnified against all loss or damage from any cause arising which I/we may sustain as a result of the application in terms of Section 86 of the National Credit Act 34 of 2005
7. I/We confirm that should I/we decide to withdraw voluntarily from the debt counseling process before the proposal is sent to creditors, I/we will do so in writing and be liable to pay a cancellation fee of R300 to the debt counsellor.

Signed at ..... on this day ..... of .....20.....

.....  
Customer: Signature

.....  
Customer: Signature

## POWER OF ATTORNEY

### With this Power of Attorney I/we the undersigned:

Client full names & surname: \_\_\_\_\_

(ID No \_\_\_\_\_)

and

Spouse full names & surname: \_\_\_\_\_

(ID No \_\_\_\_\_)

### hereby appoint

Arna Grötsch (Attorney / Debt Counsellor) NCRDC 1209 and  
Rainer Grötsch (Debt Counsellor) NCRDC 2079

which have their principle place of business at:

Debt Close 72  
Alfred Nzo Street  
Modimolle

☎ 087 802 0086

☎ 086 524 0411

[info@debtclose.co.za](mailto:info@debtclose.co.za)

to be my true and lawful agents and I expressly grant the Debt Counsellor full power of authority to, on my behalf:

1. Obtain a Form 17.4 should I/We already be registered with a Debt Counsellor
2. Obtain any information required where legal action has been taken by a credit provider
3. Obtain all creditor account balances;
4. Obtain my credit record
5. Cancel any debit orders and/or
6. Stop any payments of any debit orders.

in order to facilitate the debt review in terms of Section 86 of the National Credit Act, 34 of 2005.

Signed at ..... on this day ..... of .....20.....

.....  
Customer: Signature

.....  
Customer: Signature