

No More Debt - Application for Cash Sequestration



Application Details	Applicant				Spouse / Co-Applicant			
Title:								
Full Names:								
Surname:								
Maiden Name:								
Birth Date:								
ID Number:								
Race:								
Gender:	Male		Female		Male		Female	
Marital Status:	COP	ANC	Single					
	Divorced	Date						
Email:								
Home Number:								
Work Number:								
Cell Number:								
Fax Number:								
Residential Address:								
	Postal Code:				Postal Code:			
Postal Address:								
	Postal Code:				Postal Code:			
Residential Ownership:	Owner/Tenant:				Owner/Tenant:			
Period at Address:								

Number Of Dependants:	Dependant Name	Dependant Age	Relationship	Dependant Sex	Dependant ID	Dependant School

Employment Business
Position Held in Business

Debt Obligations to Credit Providers

Account Number	Account Type e.g. Bond, Loan etc	Name of Creditor	Amount Outstanding	Instalment	Interest
			0	0	

Please give a detail description or reason for over-indebthness e.g. Short time/unemployed/maternity/divorce/death

DECLARATION BY THE CONSUMER(S)

I/We declare as follows:

- 1 I/We acknowledge that the fees for sequestration were fully explained to me/us and I/we undertake to pay the full sequestration fees as discussed with my/our consultant (Upfront or in monthly instalments as agreed by both parties).
- 2 I/We confirm that I/ We are aware that should I/we fail to effect payments toward the sequestration that the application will not be processed.
- 3 I/We understand that all fees paid by me/us are **non-refundable** should I/we cancel the process.
- 4 I/We hereby give my/our full consent that my/our consultant may obtain my/our client records from any/or registered credit bureaux and any other registers which may contain any of my/our credit information.
- 5 I/We confirm that the application was explained to me/us in full and I/we are comfortable in my/our understanding of the process.
- 6 I/We understand that my/our first payment towards the sequestration confirms my/our application and **only once this payment has been received will the Attorneys open my/our file.**
- 7 I/We confirm that the information contained in this document is, to the best of my/our knowledge, true and correct.

Signed at

on this day of

20

Signature of Principal Applicant

:

Please initial every page as well

Signature of Spouse (if joint application)

:

Please initial every page as well