

No More Debt - Application for Sequestration



Block A, Einstein Park
 3 Einstein Road, Highveld Techno Park
 Centurion, 0157
 PO Box 7510, Centurion, 0046
Tel: +27(0)12 648 8800 / **Fax:** +27(0)86 224 0961
E-mail: info@nmdoffice.co.za
Website: www.nomoredebt.co.za

NCRDC2018

Application Details	Applicant	Spouse if Married In Community
---------------------	-----------	--------------------------------

Title:		
Full Names:		
Surname:		
Maiden Name:		
Birth Date:		
Place of Birth		
ID Number: Attach Copy please		
Gender:	Male	Female
Marital Status:	COP Divorced	ANC Widowed
		Single Other
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:		

Bank Account Details		
----------------------	--	--

Bank:		
Type of Account:		
Account Number:		
Branch Code:		

SARS Registration No.		
-----------------------	--	--

Employment Details:		
---------------------	--	--

Employer:		
Job Description:		
Employer Physical Address:		

The Income and Expenditure information is for our purpose only to prove affordability.

Income	Applicant	Spouse if Married in community
Gross Salary (Monthly):		
Overtime:		
Commission:		
Other Income:		
Other Income:		
Other Income:		
Other Income:		
Total Income:	0	0
Joint Monthly Income:	0	

Deductions	Applicant	Spouse if Married in community
PAYE:		
UIF:		
Medical Aid:		
Pension:		
Other Deduction:		
Other Deduction:		
Total Deductions:	0	0
Net Income:	0	0
Joint Net Income:	0	

Monthly Living Expenses	
Expense	Actual
Bank Charges	
Bread and Milk	
Cell Phone	
Clothing	
Child Maintenance	
Domestic Worker	
Family Expenses	
Garden Service	
Groceries and Cleaning	
Meat	
Rates and Taxes	
Rent	
School Fees	
Security	
Telephone and Internet Costs	
Toiletries	
Transport	
TV License	
Water and Electricity	
Assurance	
Insurance - Life	
Insurance - Vehicle	
Pension and Risk Benefits	
Medical-Aid	
Total Monthly Expenses:	0
Available for Distribution:	0

Creditors	
Name of Creditor	Amount Outstanding
Total Debt	0

Property 1 - Registered in applicant/spouse name: Please supply Photos			
Address:			
Suburb/City:		Postal Code:	
Original Purchase Price:		Registered Bank:	
Bond Account Number:		Stand Number:	
Outstanding Bond Amount:		Property Value:	
Property Type:	House	Flat	Townhouse
		Plot/Farm	
<i>Please provide photos of this property</i>			

Property 2 - Registered in applicant/spouse name: Please supply Photos			
Address:			
Suburb/City:		Postal Code:	
Original Purchase Price:		Registered Bank:	
Bond Account Number:		Stand Number:	
Outstanding Bond Amount:		Property Value:	
Property Type:	House	Flat	Townhouse
		Plot/Farm	
<i>Please provide photos of this property</i>			

Vehicle 1 - Complete information below			
Fabricate:			
Hire Purchase / Lease / Other:		Year Model:	
Outstanding Balance:		Color:	
Current monthly instalment:		Retail Value:	
		Are you in arrears?	Yes No

Vehicle 2 - Complete information below			
Fabricate:			
Hire Purchase / Lease / Other:		Year Model:	
Outstanding Balance:		Color:	
Current monthly instalment:		Retail Value:	
		Are you in arrears?	Yes No

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
- 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 the 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