



## FREE PRELIMINARY ASSESSMENT FOR DEBT REVIEW

### PLEASE NOTE

1. This is not an application for debt review.
2. You will not be listed with any credit bureau as having applied for debt review nor will any of your credit providers be contacted.
3. All information supplied by you will be treated with the strictest confidence.
4. Should you elect to proceed with a formal application, we will require additional information & supporting documentation.
5. If you are married in community of property, both parties would need to complete this form.
6. We require copies of ID for verification in order to access your credit report(s).

### 1<sup>st</sup> APPLICANT

Full name		
Identity number		
Cell phone number		
E-mail address		
Occupation		
Name of employer		
Marital Status		if married, how? <input type="text"/>

### 2<sup>nd</sup> APPLICANT

Full name		
Identity number		
Cell phone number		
E-mail address		
Occupation		
Name of employer		

### DEPENDANTS

	Gender	Age
1		
3		
5		

	Gender	Age
2		
4		
6		

### SALARY INFORMATION

	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant
Gross Income	R <input type="text"/>	R <input type="text"/>
Total Deductions	R <input type="text"/>	R <input type="text"/>
Nett Income	R <input type="text"/>	R <input type="text"/>

### COMBINED MONTHLY LIVING EXPENSES

Please list all monthly commitments, eg. school fees, traveling costs, medical expenses, etc

#### Commitments

#### Monthly expense

<b>Housing:</b> rent, rates, water, electricity, security, etc.	R <input type="text"/>
<b>Transport:</b> public, petrol, etc.	R <input type="text"/>
<b>Groceries:</b> food, toiletries, etc.	R <input type="text"/>
<b>Child Care:</b> school fees, aftercare, etc.	R <input type="text"/>
<b>Communication:</b> cell, landline, internet	R <input type="text"/>
<b>Insurance:</b> life, structural, household, car, etc.	R <input type="text"/>
<b>Medical:</b> medical aid (if not a salary deduction, medical costs not covered by medical aid)	R <input type="text"/>
<b>Miscellaneous:</b> bank fees, etc.	R <input type="text"/>
<b>Other:</b> (please specify)	R <input type="text"/>
<b>Total monthly living expenses</b>	R <input type="text"/>

### DEBT OBLIGATIONS

	1 <sup>st</sup> Applicant		2 <sup>nd</sup> Applicant	
Do you have an overdraft facility?	YES	NO	YES	NO
Which bank?	<input type="text"/>		<input type="text"/>	
What is the limit?	R <input type="text"/>		R <input type="text"/>	

All other credit agreements will be obtained directly from a credit bureau.

### CONSENT TO ACCESS CREDIT REPORT(S)

I/We authorise The Money Clinic to obtain my/our credit record(s) from any/all registered credit bureaux  
I/We warrant that the information contained in this document is, to the best of my/our knowledge, true and correct.

DATE:

SIGNATURE

1<sup>st</sup> Applicant

SIGNATURE

2<sup>nd</sup> Applicant