

### DEBT MEDIATION APPLICATION FORM

Company	Debt Vision Consulting Services cc
Debt Counsellor	Joeline Venter
Contact Number	+264 81 766 0189
Fax Number	088 655 5391
E-mail	info@debtvision.org

**Facilitator:** \_\_\_\_\_

### PERSONAL INFORMATION

Full Name & Surname	
ID Number:	
Race:	
Gender:	
Home language:	
Marital status:	
Number of dependants:	
Physical Address:	
Postal Address:	
Work No:	
Home No:	
Cell No:	
Email:	
Employer:	
Address of employer:	

### SPOUSE INFORMATION

Full name & surname:	
ID Number:	
Work No:	
Cell No:	
Email:	
Employer:	

**OTHER INFORMATION**

Salary date:	
Increase date:	
Reason for application:	

**BANKING DETAILS**

Name of Account Holder:			
Name of Bank:			
Name of Branch:			
Branch Code:			
Account Number:			
Type of Account:	Cheque		Savings

I/we hereby voluntary apply for debt mediation and give consent to Debt Vision Consulting Services cc that if my application is successful, they may approach my credit providers on my behalf with a proposal to restructure my debt.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Applicant signature: \_\_\_\_\_ Spouse signature: \_\_\_\_\_

**MY BUDGET**

	Client	Spouse	Total
<b>INCOME</b>			
Gross Salary			
Investments			
Income for child maintenance			
Other income			
<b>TOTAL</b>			
<b>PAYROLL DEDUCTIONS</b>			
Tax			
Social Security			
Pension Fund			
Medical Aid			
Union Fees			
Loans			
Other			
<b>TOTAL</b>			
<b>NETT INCOME</b>			
<b>LIVING EXPENSES</b>			
Rent			
Food			
Transport			
Water & Electricity			
School fees			
Day care for small children			
Medical expenses			
Child maintenance			
Cellphone & Internet			
Clothing			
Life insurance / Funeral policy			
Bank fees			
Other			
<b>TOTAL</b>			
<b>Available to repay debt</b>			

Applicant signature: \_\_\_\_\_

Spouse signature: \_\_\_\_\_



**POWER OF ATTORNEY**

I/We, the undersigned:

Client: \_\_\_\_\_ ID number \_\_\_\_\_

and

Spouse \_\_\_\_\_ ID number \_\_\_\_\_

1. Hereby instruct Debt Vision Consulting Services represented by Joeline Venter ID: 660509 0091 083 to take whatever steps they may deem necessary to restructure my debt and to improve my inability to meet my current financial liabilities, either in full or in part towards my credit providers.
2. I/we undertake to comply with all requests from Debt Vision Consulting Services CC to evaluate my financial situation and the prospects for debt restructuring.
3. We authorise Debt Vision Consulting Services CC to:
  - a) Obtain and disclose all information regarding my financial position to my credit providers. I indemnify Debt Vision Consulting Services against any liability that may result from furnishing information in this regard.
  - b) Obtain my full credit profile from Trans Union to be assessed for my application.
  - c) Recommend a new payment plan to my creditors.
4. I/we authorise Debt Vision Consulting Services CC to collect my monthly instalment by debit order from my nominated bank account and distribute my payments directly to my credit providers according to my debt restructuring plan.
5. The services rendered by Debt Vision Consulting Services CC have been explained to me and is clearly understood.
6. I agree to pay Debt Vision Consulting Services CC the fees as explained to me and that the fees will be included in my monthly payment.
7. If I/we incur any further debt while under debt mediation, the new credit agreements may not be included under the current restructuring plan, unless it is accepted by the current credit providers. This may result in an increase in the current monthly instalment.
8. In the event that I/we do not punctually pay the monthly payments to Debt Vision Consulting Services in terms of the debt restructuring plan, Debt Vision Consulting Services CC shall be entitled to suspend their services and decline any further assistance. They will also inform my credit providers of the suspension.
9. Creditors who contact me in future will be referred to Debt Vision Consulting Services CC.
10. I can cancel my debt review at any time and understand this will result that my credit providers will collect all outstanding amounts due to them as they see fit.

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

Applicant signature: \_\_\_\_\_ Spouse signature: \_\_\_\_\_