



VDH Debt Counsellors (Pty) Ltd
 Reg. No. 2025/436610/07
 NCR Registered Debt Counsellors
 Registration Number NCRD4627

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APPLICATION BY CONSUMER FOR DEBT REVIEW

In terms of section 86 of the National Credit Act 34 of 2005

Form 16

Part 1 – Personal Information	
Personal details:	Spouse details:
Name:	Name:
Surname:	Surname:
ID number:	ID number:
Contact number:	Contact number:
WhatsApp number:	WhatsApp number:
Email address:	Email address:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Name of employer:
	Salary before deductions:
	Salary after deductions:
I herewith consent to service of my Debt Review Application and/or all other court documents relating to the said Debt Review Application on me via email.	
Ethnicity: <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> African Traditional <input type="checkbox"/> ANC <input type="checkbox"/> Divorced/Widowed <input type="checkbox"/> COP <input type="checkbox"/> Muslim traditional	Language:
Physical address:	Postal Code:
Number of dependants:	Age of dependants:
Name of employer:	Job title:
Work address:	Postal code:
Work telephone number:	Work email address:
Part 2 – Income	
Gross salary (before deductions):	R
Salary after deductions	R
Deductions:	
Tax:	R
Medical Aid:	R
Pension:	R
Other deductions: (on salary)	R
-	R
-	R
Total deductions:	R
Other income (specify the source):	R
-	R
-	R
Total income:	R

Part 3 – Monthly Commitments		
(Please list all monthly commitments other than outstanding debt)		
<u>Living expenses</u>	<u>Main applicant</u>	<u>Spouse</u>
Food/groceries:	R	R
Rent:	R	R
Water/electricity/rates/levies:	R	R
School fees:	R	R
Short-term insurance:	R	R
Vehicle insurance:	R	R
Life insurance:	R	R
Fuel/transport:	R	R
Medical costs:	R	R
Telephone & internet	R	R
Other (please specify):	R	R
-	R	R
-	R	R
Part 4 – Creditor obligations		
(please give details of any overdrafts, the other creditors we will retrieve from your credit report)		
Do you have any bank overdrafts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with which bank?		
Overdraft amount:	R	
Part 5 – Declaration		
Have you ever applied for debt review? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I hereby declare that I have read and understood the term and conditions of this agreement and that the information supplied by myself in this Application Form and the Power of Attorney is true and correct and includes all my credit agreements.		
Signature:	Name:	Date:
Signature:	Name:	Date:

Email completed form to: info@vdhdebt.co.za

Hand deliver completed form: 40 MacDougall Street, Monument Heights, Kimberley

WhatsApp completed form: 074 9686 131