

PRELIMINARY APPLICATION FORM

The subject party must please email the application form to ulande@rencare.co.za

Section 1 Additional Information

Reason you can no longer afford your debt	
How did you come to hear about us or/ who referred you?	
Have you applied for Debt Review before?	
If Yes, please provide us with the Debt Counsellors information	
Are you currently under Administration? With whom?	

Section 2 Information on Main applicant

Title	Mr	Mrs	Ms
Surname			
First names			
Identity number			
Marital status	Single	Married	Divorced
If married	In community of Property	Outside community of property	
Residential address			
Email address			
Cell phone Number			

Alternative contact number		Contact person's name		Relationship to party	
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Dependant name	Relationship to Applicant	Date of Birth

Ownership of property	Owner	Tenant
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EMPLOYMENT DETAILS

Name of Employer	
Occupation	
Employer contact number	
Employment address	

Section 2
Information on spouse

Title	Mr	Mrs	Ms
Surname			
First names			
Identity number			
Residential address (if different from Main applicant)			
Email address			
Cell phone Number			

Alternative contact number		Contact person's name		Relationship to party	
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EMPLOYMENT DETAILS

Name of Employer	
Occupation	
Employer contact number	
Employment address	

Section 3
Income and expenditure (monthly budget planner)

Income	Applicant	Spouse	Total
Nett income (Take home pay)			
Other income (specify) (example: Rent)			
Total Income:			
Food			
Property rent (Not bond repayment-Section 3)			
Municipal rates (where property owned)			
Levies (if applicable)			
Utilities (water, electricity etc)			
Transport			
Vehicle Tracker			
Home Security			
Medical expenses			
School fees			
Crèche/Nanny costs			
Domestic/Gardener			
WiFi – Data cost			
Telephone expense			
Insurance premiums – car/house			
Insurance premiums –life			
Insurance premiums –Funeral care			
Others (Specify)			
Total Expenses:			

Total Nett income (Take home pay)	R
Less total living expenses	R
Total Affordability	R

Current Instalment	R
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Section 4

Assets

Assets	Value	Financed with
Bond		
Vehicle		
Trailer		
Caravan		
Furniture		

Section 5

Obligations

Credit Provider	Account number	Total outstanding balance	Monthly payment
Total:			

Date on which First Debt Order is to deduct:	
Meliorleaf Quote – Motor replacement plan	
Do you have a Will	
Would you like KvE to contact you with regards to your Will	

I, the undersigned, hereby confirm that these are the only outstanding creditors that I have and or are aware off.

Signature of main applicant

Signature of spouse

DATA SUBJECT CONSENT FORM**FROM CUSTOMER / CLIENT
(NATURAL PERSON)****TO RESPONSIBLE PARTY** Rencare Debt Counsellors CC

I [Main Applicant] _____ confirm my consent to process my Personal Data / Information by the Responsible Party, named here above, for the purpose of:

- ☐ Obtaining my credit record and or removing default information on my name
- ☐ Debt Review Application
- ☐ To request on my behalf from DC Credit Protect quotations on various products and services they render
- ☐ To request on my behalf from Meliorleaf quotations for vehicle insurance
- ☐ For record purposes as a nominated person on behalf of a client with Rencare Debt Counsellors
- ☐ Business registration and or update such information

My Personal Information, as Data Subject, is as follows:

Full Name:

Date of Birth:

I.D. No / Passport No.:

Contact Number/s:

E-mail:

A copy of one or both of the following documentation as confirmation of our Personal Information is attached:

- ☐ Identity Document
- ☐ Proof of Residential Address

Consent is hereby granted from myself, the Data Subject, to Rencare Debt Counsellors

Signed at _____ on this _____ day of _____ 20____.

Signature: _____

DATA SUBJECT CONSENT FORM

FROM CUSTOMER / CLIENT (NATURAL PERSON)

TO RESPONSIBLE PARTY

Rencare Debt Counsellors CC

I [Spouse / Second Applicant] _____ confirm my consent to process my Personal Data / Information by the Responsible Party, named here above, for the purpose of:

- ☐ Obtaining my credit record and or removing default information on my name
- ☐ Debt Review Application
- ☐ To request on my behalf from DC Credit Protect quotations on various products and services they render
- ☐ To request on my behalf from Meliorleaf quotations for vehicle insurance
- ☐ For record purposes as a nominated person on behalf of a client with Rencare Debt Counsellors
- ☐ Business registration and or update such information

My Personal Information, as Data Subject, is as follows:

Full Name:

Date of Birth:

I.D. No / Passport No.:

Contact Number/s:

E-mail:

A copy of one or both of the following documentation as confirmation of our Personal Information is attached:

- ☐ Identity Document
- ☐ Proof of Residential Address

Consent is hereby granted from myself, the Data Subject, to Rencare Debt Counsellors

Signed at _____ on this _____ day of _____ 20____.

Signature: _____

Section 7**Documents Required**

Please ensure to attach the following documentation to your application:		Included
1.	Identity documents for both applicants	
2.	Latest payslips of both applicants	
3.	Two months bank statements for both applicants	
4.	Proof of residence	

Please feel free to contact us with any questions:

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