



Telephone: 012 443 6432
Fax: 086 505 3633
Email: info@newlifeda.co.za
www.newlifeda.co.za

APPLICATION REHABILITATION AND ITC CLEARANCE
(Administered by New Life Advisers)

Are you currently or were you previously a client of New Life Debt Advisers

YES	NO
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Applicant Details

Full Names :		Surname:				
ID Number:		Cell Number				
Work Tel:		Fax Number:				
Residential Address		Postal address: (if different)				
E-mail: NB!						
Occupation:		Branch/Department				
Employer:		Period Employed:				
Marital Status	COP	ANC	Divorced	Single	Salary Pay date:	

Describe in detail if any of the above information changed since the time of your Sequestration

Spouse Details (If married, COP or ANC, must be completed):

Full Names :		Surname:	
ID Number:		Cell Number	
Work Tel:		Fax Number:	
Residential Address		Postal address: (if different)	
E-mail:			
Occupation:		Branch/Department	
Employer:			

Describe in detail if any of the above information changed since the time of your Sequestration

Net Income	Own	Spouse	Office Use	1
Total Net Income After Deductions				

Living Expenses

Property Rental(not your Bond)				
Water & Electricity Municipal Rates				
Transport – Petrol entire household				
Clothing for household (not accounts)				
Groceries				
Telephone				
Maintenance				
School Fees				
Contingencies				
Other				
Other				
Other				
TOTAL LIVING EXPENSES	TOTAL UP		Office Use	2

Other monthly expenses you need to inform us about

Attorney’s details who done the Sequestration Application

Name of Attorney		Contact Details	
Company			

Appointed Curator/Trustee Details (only if already appointed)

Name of Curator/Trustee		Company	
Contact Details		Master Ref. No.	
Date of Sequestration			
Final Distribution of Estate			

READ CAREFULLY!!!

Supporting Documents to be attached with Application Form.

- **Copy of Identity Document (if married COP then also ID of Spouse)**
- **Pay Slips for 3 months for main applicant**
- **Any account reflecting your RESIDENTIAL ADDRESS.**
- **Copy of your Sequestration Order**

Signature Applicant

Signature Spouse

Email Application Form with Supporting Documents in PDF Format to info@newlifeda.co.za
Alternatively Fax to 086 505 3633