

Applicant Details

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APPLICATION VOLUNTARY SURRENDER OF YOUR ESTATE

(Administered by New Life Advisers)

Full Names :					Su	rname:	
ID Number:				Cell Number			
Work Tel:					Fax Number:		
Residential						estal address:	
Address						different)	
					_ `	,	
5							
E-mail: NB!							
Occupation:						anch/Department	
Employer:		_				riod Employed:	
Marital Status	COP	ANC	Divorced	Single	Sa	lary Pay date:	
Spouse Details	(If marrie	d, COP or	ANC, must be	completed	I):		
Full Names :						Surname:	
ID Number:						Cell Number	
Work Tel:						Fax Number:	
Residential						Postal address:	
Address						(if different)	
-							
E-mail:							1
Occupation:						Branch/Department	
Employer:							
Employer:							
Net Income				0\	wn	Spouse	
Total Net Inco	me After	Deduction	ns			`	Office Use 1
Living Expenses	5						
Property Renta		Bond)					
Water & Electri	city Muni	cipal Rates					
Transport – Pet	rol entire	household					
Clothing for ho	usehold (r	ot accoun	ts)				
Groceries							
Telephone							
Maintenance							
School Fees							
Contingencies Other							
Other							
Other							
TOTAL LIVING I	EXPENSES		TOTAL UP			Office Use	2
						000 000	

Movable Property Description – Furniture. List as many assets as possible (furniture will not be removed if you wish to keep it) Give an estimated Rand value.

(1)	TV	R
(2)	Lounge Suite	R
(3)	Hi - Fi	R
(4)	Washing Machine	R
(5)	Micro Wave Oven	R
(6)	Tumble Dryer	R
(7)	Lawn Mover	R
(8)	Dining Room Suit	R
(9)	Coffee Table	R
(10)	Patio Set	R
(11)	Fridge	R

(12) Deep Freezer	R
(13) Dish Washer	R
(14) Double Bed	R
(15)	R
(16)	R
(17)	R
(18)	R
(19)	R
(20)	R
(21)	R
(22)	R

Do you have a property registered in your name? Complete details below (if not applicable leave it blank)

Property 1

Address:							
Purchase price of property R		Outstanding Bond amount:			R	R	
Bond holder (which bank)		Bond Acc No.	No.				
Current Market Value	Description	House	Flat	Townho	ouse	Vacant Land	
Who is currently living in the pro	Owner Tenant Property is empty				mpty		
Contact details of person living i							

Property 2

Address:							
Purchase price of property R		Outstanding Bond amount:			R	R	
Bond holder (which bank)		Bond Acc No.					
Current Market Value R		Description	House	Flat	Townho	ouse	Vacant Land
Who is currently living in the pro	Owner	Tenant		Propert	ty is e	empty	
Contact details of person living i							

Do you own a Vehicle? Complete details below (if not applicable leave it blank)

Vehicle 1:

Make and Color:	Year model:	
Register Number:	Value:	R
Hire Purchase or Lease:	Your instalment:	R
Is the account up to date:	Total outstanding amount:	R
Vehicle in working order?	If your Vehicle is paid in full	, do you want to keep it?

Vehicle 1:

Make and Color:	Year model:	
Register Number:	Value:	R
Hire Purchase or Lease:	Your instalment: R	
Is the account up to date:	Total outstanding amount:	R
Vehicle in working order?	If your Vehicle is paid in ful	I, do you want to keep it?

Reason For Sequestration (complete with as much detail as poapprove your application)	essible to enable us to explain to the court why they should
,	
Anything you want to mention that you think might be impor	tant for your Application
General	
Have you received any Summonses	If yes, please attach the documents
Do you know of a pending Auction of your property	If yes, please send us the information
Previously sequestrated?	If yes, state the sequestration date
Were you or are you currently under Debt Counseling	
Signature Applicant	Signature Spouse

READ CAREFULLY WHAT IS REQUIRED!

Creditor List: MUST BE COMPLETED WITH CREDITOR NAME AND THE TOTAL OUTSTANDING AMOUNT.

!!! We have Postal Addresses for all the mayor creditors like banks and Retail Stores. If you list a Cash Loan, Doctor or any small unknown Creditor please provide us with the Postal Address !!!

Name of Creditor	Creditor Postal Address	Account Number (If available)	Total Amount Outstanding	Original Instalment
		TOTAL		~ CC"
		TOTAL	Office Use	Office

READ CAREFULLY!!!

Supporting Documents to be attached with the Application Form

- Copy of Identity Document (if married COP then also ID of Spouse)
- Pay Slip/s preferably for 3 months.
- Any account reflecting your RESIDENTIAL ADDRESS.
- If possible attach some of your account statements
- Any Summonses or Judgments.

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