

TOTAL LIVING EXPENSES

TOTAL UP

Telephone: 082 503 3210 Email: info@newlifeda.co.za

APPLICATION VOLUNTARY SURRENDER OF YOUR ESTATE

andicent Detai	la.		(Adı	ministered	d by	New I	Life Advisers)			
pplicant Detai Full Names :	IS				Cu	rname:				
	_									
ID Number:						ll Numl				
Work Tel:					Fa	x Numb	per:			
Residential Address					Postal address: (if different)					
E-mail: NB!										
Occupation:					Br	anch/D	epartment			
Employer:					Pe	riod En	nployed:			
Marital Status	СОР	ANC	Divorced	Single	Sa	lary Pa	y date:			
Spouse Details Full Names :	(If marrie	ed, COP or	ANC, must be	completed)):	Surna	ıme:			
ID Number:							lumber			
Work Tel:							umber:			
Residential					Postal address:					
Address						(if dif	ferent)			
E-mail:										
Occupation:						Brand	ch/Department			
Employer:						1	1			
Net Income				Ow	·		Snouse			
Total Net Inco	me After	Deduction	ns	Ow	/ 11		Spouse	Office Use	1	
Living Expense s Property Renta		r Bond)								
Water & Electr										
Transport – Pet										
Clothing for ho			ts)							
Groceries	(-		,							
Telephone										
Maintenance										
School Fees										
Contingencies										
Other										
Other										
Other										

Office Use

2

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.					
Current Market Value	Description	House	Flat	Townhouse	Vacant Land		
Who is currently living in the pro	Owner Tenant Property is empty				empty		
Contact details of person living							

Property 2

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

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 full	, do you want to keep it?

eason For Sequestration (<u>complete with as much detail as paperove your application</u>)	ossible to enable us to explain to the court why they shoul
,	
thing you want to mention that you think might be impo	ortant for your Application
neral	
ave you received any Summonses	If yes, please attach the documents
you know of a pending Auction of your property	If yes, please send us the information
eviously sequestrated? ere you or are you currently under Debt Counseling	If yes, state the sequestration date
Signature Applicant	Signature Spouse

Contact me anytime if you need any assistance with the completion of the Application Form

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		

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