

PEAK Debt Counselling

HEAD OFFICE

PEAK House, Suite 1, 453 Winifred Yell st
Garsfontein
Tel: 086 100 7325 Cel: 0826784187
Fax: 086 500 4884 (E-mail: info@peak.co.za)
www.peak.co.za

WESTRAND OFFICE

Tel: 086 1007325 Cel: 082 6784203
Fax: 086 646 7395 (E-mail: west@peak.co.za)
www.helpdebt.co.za



PERSONAL INFORMATION

	<u>Main Applicant</u>	<u>Spouse</u>
Surname and full names:		
Maiden name if applicable:		
ID Number:		
Gender: (Male / Female)		
Marital state:(Single/COP/Out)		
Contact number (W):		
Contact number (H):		
Contact number (Cel):		
E-mail:		
Name of your employer:		
Occupation:		
Lenght with this employer:		
Address of employer:		

YOUR RESIDING DETAILS

Your physical address:	
Your Suburb and Town:	
Your Province:	
Postal code:	
Period at address: (Months/years)	
Are you the (Tenant / Owner)	
Postal address:	
Your Town and Postal code:	

CHILDREN / DEPENDANTS

How many children / dependants:	
If not children state relationship:	
Their ages:	

Reason for over indebness

Give us more detail:	
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Income and expenditure

Income before deductions	Main Applicant	Spouse
Gross income:		
Deductions:		
Tax		
Pension		
Medical aid		
UIF		
Insurance		
Staff loans		
Garnishee orders		
Other		
Total deductions		
Nett salary after deductions		
Other income:		
Maintenance income		
Other		
Total other income		

MONTHLY LIVING EXPENCES

Food	
Property rental	
Levy's	
Water & Electricity	
Fuel / Transport	
Medical Expenses	
Maintenance (Child)	
School fees + transport	
School Activities	
Crèche	
Clothing	
Short-term insurance	
Life & investment policies	
Domestic worker / Garden worker	
Telephone	
Other: ()	
TOTAL MONTHLY LIVING EXPENCES	

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WHERE DID YOU HERE ABOUT US

Suburban or street sign	
Brochure	
Your employer	
Facebook	
Google search	
Word of mouth	
Friend of family member	

Please specify

Magazine (please specify)		
Newspaper (please specify)		
Radio ad / Talk show (please specify)		
Other (please specify)		
Referred by client (please specify)		

GIVE US MORE DETAIL

Are your children in school?	
- If yes, give us the school name and	
- In which grade are the children	
- If pre-school (Full or half day)	
- If half day, who look after them in the afternoon?	
- If not in school, who look after them?	
If not married in community of property	
- Is anyone else contributing to the household?	
- If yes, who and what amount per month	
How many vehicles do you own?	
- If more than 1, give a reason for extra vehicle	

DEBT REVIEW STATUS

Have you ever been under Debt Review before?	
- If yes, please give their name and contact details	
- Reason for leaving the previous Debt Counsellors	

