



Voluntary Surrender Application Form

(Referral for declined loan application)

Office Contact Details:

Tell: 087 8083157

Fax: 086 650 4646

E-mail: loans@loansacceptable.co.za

Website: <http://www.loansacceptable.co.za/wmenu.php>

Broker: Flip van Zyl

PERSONAL DETAILS

TITLE			ID												
NAME											SURNAME				
HOME TEL											WORK TEL				
CEL NO											FAX NO				
E MAIL ADDRESS															
PHYSICAL ADDRESS															
CODE				OWNERSHIP	OWNER			RENTER			BOARDING				
TYPE OF DWELLING				HOUSE	FLAT		TOWNHOUSE			HOSTEL		INFORMAL			
PERIOD LIVING AT HOME ADDRESS				YEARS			MONTHS								
MARITAL STATUS				MARRIED			SINGLE			DIVORCED			WIDOW/ER		
HOW MARRIED				ANTENUPTIAL CONTRACT			COMMUNITY OF PROPERTY				CUSTOMARY LAW				
ETHNIC GROUP	WHITE			COLOURED			BLACK			ASIAN			OTHER		

EMPLOYMENT DETAILS

EMPLOYER														
EMPLOYER ADDRESS														
START DATE							SALARY DATE							
OCCUPATION							DEPARTMENT							
EMPLOYEE NO							SALARY PAID	WEEKLY	MONTHLY	FORTNIGHT				
SALARY PERSON							SALARY TEL NO							
EMPLOYMENT STATUS	PERMANENT			CONTRACT			CONTRACT END DATE							

SPOUSE DETAILS

NAME					GROSS SALARY	R				
CELL NO					WORK NO					

NEXT OF KIN (NOT LIVING AT THE SAME ADDRESS) - PLEASE COMPLETE ALL FIELDS

NAME					SURNAME				
CONTACT NO					RELATION				
NAME					SURNAME				
CONTACT NO					RELATION				

AFFORDAILITY ASSESSMENT

GROSS SALARY

R

NETT SALARY

R

ALL LOAN	R	CLOTHING ACCOUNT	R
CREDIT CARD PAYMENTS	R	CAR INSTALMENT	R
FURNITURE ACCOUNTS	R	HOME LOANS	R
CELL PHONE CONTRACTS	R	OTHER PHONE EXPENSES	R
WATER & ELECTRICITY	R	MAINTENANCE	R
RENT	R	GROCERIES	R
SCHOOL / DAY CARE	R	TRANSPORT	R
INSURANCE	R	OTHER	R

BANKING DETAILS

BANK

BRANCH NAME

ACCOUNT HOLDER

BRANCH CODE

ACCOUNT NO

TYPE ACCOUNT

SAVING

CHEQUE

BUSINESS

ACKNOWLEDGEMENT AND CONSENT

I, the applicant hereby authorizes and agrees that the Credit assessor when assessing this application, and at any time during the assessment of any application and or service thereafter, may make any reasonable enquiries to confirm any of the details in this application. Such enquires may include Credit Bureau and Employer information ext. I acknowledge that I fully and truthfully answered all and any requests for information on page 1 and 2 and have disclosed all relevant information to conduct a proper credit assessment. I herewith instruct LOANS ACCEPTABLE to send my personal application on my behalf to any Legal company that they deem fit to assist me with this voluntary surrender application.

I understand and agree to pay the next 24 / twenty four months in 24 instalments of **R300.00pm** with no escalation for the duration of my voluntary surrender process and for the services rendered, by Loans acceptable. I also fully understand that the fee is non-refundable. I herewith instruct Loans acceptable to load a debt order against my nominated bank account to debit the service fee. I agree that the debit order be submitted to my bank as soon as Loans acceptable has submitted my application to the Voluntary Surrender Institution and the sequestration process is active and running.

Date to Debit: / /

Initial: _____

PLEASE NOTE: Should a Debit Order for this specific service at Loans acceptable not be honoured as a direct result of insufficient funds, debit order disputed by you or account closure without informing us thereof, a penalty fee of **R45-00** will be levied. By mutual agreement the arrears amount can be collected the following month including the penalty of **R45-00 by debit order**.

I furthermore confirm that I have read and understand the said Terms and Conditions as per www.loansacceptable.co.za. This signed Authority and Mandate refers to our contract as above. I hereby authorize you to issue and deliver payment instructions to the bank for collection against my above mentioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account to, in the future) on condition that the sum of such payment instructions will never exceed the sum of R300.00pm as agreed to in the original agreement, and commencing on the commencement date, unless if the debit order was not honoured by myself, I agree to pay the additional penalty fee(s) as mentioned above of R45.00 the following month. The payment instructions so authorized to be issued must be issued and delivered as follows. All payments will be conducted on my salary date as indicated above. In the event that the payment day falls on a weekend or recognized SA public holiday, the payment day will automatically be on the day your salary will be paid into your bank account as confirmed with your employer. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account. I understand that the withdrawals hereby authorized will be processed through a computerized system, called "Real Pay" and provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instructions.

if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. The total amount for the duration is seven thousand two hundred rand if a full payment was requested.

I acknowledge that this Authority and Mandate has been ceded to Loans Acceptable (cc) as per this agreement with Loans Acceptable Funding (Pty) Ltd, as the beneficiary but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void

Do you have any Garnish orders on your Payslip?				Y	N	If Yes how many?				
Do you have any Judgements against your name?				Y	N	If Yes How Many?				
Are You?	Under Administration?	Y	N	Sequestrated?	Y	N	Debt Counselling / Debt Review		Y	N

SIGNATURE _____

DATE _____