



zeeva

debt free me

Debt Review

Application Form

Consultant Name	
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## Personal Information

Full Name & Surname:				
ID Number:				
Race:				
Home Language:	IsiZulu	IsiXhosa	Afrikaans	English
	Sepedi	Setswana	Sesotho	Xitsonga
	SiSwati	Tshivenda	IsiNdebele	Other: <input type="text"/>
Marital Status:	Married	Single	Widowed	Divorced
If Married:	COP	ANC	Traditional	
Nr. of Dependents:	<input type="text"/>	Age of Dependents:	<input type="text"/>	<input type="text"/>
Physical Address:				
		Postal Code:	<input type="text"/>	
Postal Address:				
		Postal Code:	<input type="text"/>	
E-mail Address:				
Cell phone No.:	<input type="text"/>	Tel. No. (Home):	<input type="text"/>	
Tel. No. (Work):	<input type="text"/>			
Name of Employer:			Employee No.:	<input type="text"/>
Address of Employer:				
Name of Debt Counsellor:	Have you previously been under debt review?	YES	NO	
		Contact No.:	<input type="text"/>	
	Reason for withdrawal or termination of debt review:			
<input type="text"/>				
<input type="text"/>				

## Spouse/Partner's Information (Complete this section ONLY if this is a joint application for Debt Review)

Full Name & Surname:				
ID Number:				
Employment Details:	Tel. No. (Home):	<input type="text"/>	Cell phone No.:	<input type="text"/>
				Tel. No. (Work):

Applicant Signature

Spouse Signature

Debt Counsellor (NCRDC2182)





## Factors Contributing to Over-Indebtedness

Cause	
Death	
Funeral	
Medical (Illness)	
Retrenchment (Loss of Income)	
Accidents (Motor)	
Divorce	
Family Responsibility (Birth of a Child, etc.)	
Economic Factors (Changes of Interest Rates, etc.)	
Substance Abuse / Addiction (Alcohol, Drugs, Gambling, etc.)	
Lack of Education	
Lifestyle (Excessive)	
Aggressive Marketing	
Cost of Housing	
Accommodation (Rental)	
Self Employed - Non-payment by Debtors	
Contract Loss / Tender Loss	
Dissolving business partnership	
Other	

## Motivation

I/we understand that if my/our application for debt review is successful, my / our debt counsellor will have to approach the Court for a Court Order and serve a copy of the application on me/us. I/we consent to service of said application by the way of email on the following email address:

Signed at		on this		day of		20	
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Applicant Signature

Spouse Signature

Debt Counsellor (NCRDC2182)

## Supporting Documents

I understand that in terms of Section 86 of the National Credit Act no.34 of 2005, the following documents must be submitted to ensure that my debt review program will be successful.

1.	Payslip / Proof of income	Included
2.	3 Months' Bank Statements	Included
3.	Copy of your South African Identity Document	Included
4.	Proof of Residence ( <i>not older than 3 months</i> )	Included

**Please note the following:**

The National Credit Act prohibits any person who is not registered as a Debt Counsellor to do the following:

- To engage in the services of a debt counsellor and hold them out to consumers as being authorised to offer such a service;
- To make a determination that a consumer is over-indebted
- To re-arrange a consumer's debt obligations

Please note that Zeeva employs a number of registered debt counsellors and administrative staff. Any or/all advise and calculations is the function of a registered debt counsellor and support staff may only assist with typical examples of such calculations. Final calculations and recommendations will be attended to by a registered debt counsellor.

Applicant Signature

Spouse Signature

Debt Counsellor (NCRDC2182)

# Terms & Conditions

In order to finalise your Zeeva application each page of the Terms & Conditions (Sections A, B & C) must be accepted & signed.

## Section A - Agreement / Power of Attorney

1.	I,		
	with ID number		and
	I,		
	with ID number		
do hereby acknowledge that my personal financial situation is of such a nature that I am currently unable to meet my present monthly commitments to my credit providers, or foresee it to be the case in the near future.			

2. I undertake to comply with all requests from the Debt Counsellor to assist her to evaluate my state of indebtedness and the prospects for responsible debt restructuring.
3. The determination of my debt position and the debt-restructuring plan by a debt counsellor has been fully explained to me and is acceptable and may, if implemented, drastically improve my present financial position.
4. I hereby instruct Zeeva to take whatever legal steps they may deem necessary to ease or improve my financial position, as well as to improve my inability to meet my current financial liabilities, either in full or in part, towards my credit providers.
5. I hereby grant Zeeva the following powers and authority:
  - a. To correspond and communicate and append my name in such correspondence with all my credit providers, credit bureaux or financial services providers.
  - b. To obtain and disclose all information regarding my financial position to/from credit providers and credit bureaux. I hereby authorize Zeeva to verify my personal credentials and financial records. I furthermore unconditionally indemnify Zeeva and its verification suppliers against any liability that may result from furnishing information in this regard.
  - c. To recommend and negotiate a debt-restructuring plan with my credit providers;
  - d. To cancel any authority given by me to my credit providers prior to this agreement that may be necessary to improve my financial position;
  - e. To instruct an attorney to apply to the magistrate's court for an order recording the debt-restructuring plan or recommendation.
  - f. To substitute credit life or credit cover insurance, in particular on credit agreements where the credit provider requires such insurance, in terms of sec. 106(6) of the NCA, with a Credit Life Insurance Policy provided by Finsafe.
6. I, the undersigned authorise Zeeva to obtain my complete credit profile from Transunion, Experian, XDS or any other credit bureau registered with the NCR. I also authorise Zeeva to store my credit

record and account information on their system for as long as it may be required, in order to enable Zeeva to perform the functions as envisioned in Section 86 of the NCA.

7. That the services to be rendered by Zeeva on my behalf are clearly understood by me and I acknowledge that Zeeva does not undertake to make payment on my behalf of any amount to any of my credit providers.
8. I agree to pay Zeeva the fees as explained to me, and which are calculated as follows:
  - a. Application fee of R50.00 (excluding VAT).
  - b. 100% of my first monthly payment - subject to a maximum amount of R6,000 (excluding VAT) as a debt restructuring fee.
  - c. A monthly after-care fee of 5% of my monthly payment - to a maximum of R400pm (excluding VAT).
  - d. A monthly PDA fee of 3% (excluding VAT) of the monthly installment of the debt re-arrangement plan, minimum of R50 (excluding VAT) up to a maximum of R500 (excluding VAT).
  - e. To obtain a court order, Zeeva must appoint attorneys. A legal administration fee is payable to Zeeva or its nominees to enable the debt counsellor to fulfil her duties in this regard and the terms will be agreed upon in writing between Zeeva/its nominees and the client.
  - f. **All fees will be included in the restructuring process.**
9. I acknowledge that if I inform Zeeva, after a court order has been obtained for my debt review, of a creditor that was not previously disclosed by myself and I want that particular creditor to be included in the debt re-arrangement plan, the whole process will have to start over and all above fees will be payable as if I was never placed under debt review.
10. I am aware that I may not incur any further debt whilst I am under debt review or until Zeeva has issued a clearance certificate stating that I have fulfilled all of my payment obligations in terms of my debt-restructuring plan or court order.
11. I indemnify all employees and nominees of Zeeva against any claim that may be instituted against it arising from any act or omission by such person appointed by Zeeva or its nominee in the lawful execution of the terms and conditions of this agreement/power of attorney entered into with myself, and confirm that Zeeva shall not be liable for any damages suffered by me resulting from any act or omission of whatsoever nature, however arising.
12. In the event of me not punctually paying any of my monthly payments to the Payment Distribution Agent in terms of my debt-restructuring plan Zeeva shall be entitled to terminate this agreement and decline to further attend to my case, which will have the result that my credit providers will collect all amounts due to them as they deem fit.
13. All confidential information received by Zeeva will be treated as such.

Applicant Signature

Spouse Signature

Debt Counsellor (NCRDC2182)

## Section A - (Continued) - Agreement / Power of Attorney

14. I hereby confirm that the critical aspects of the Debt Review process have been fully explained and that I have been informed of the following by the Zeeva Facilitator:

<b>Read it carefully and endorse your understanding by initialing each clause and signing below.</b> (Please initial every block)	
	I will not be blacklisted and am only flagged for debt review by all credit bureaus while registered for debt review.
	Creditors will still keep phoning me and sending SMS's until they receive a court date. All creditor threats will be recorded by myself on the incident report supplied to me with my application form.
	Nobody can institute legal action while I am registered for debt review pertaining to that account. Beware of collection agencies and their threats.
	Payments must be made strictly according to the payment plan. No extensions will be tolerated by creditors or the debt counsellor and will result in your automatic termination from the debt review process. I am aware of the fact that I may continue paying the full instalment on a credit agreement to eliminate the risk of termination after 60 working days by a creditor.
	I must not make any direct payments towards any creditors included in the debt review without informing Zeeva.
	I am not allowed to enter into any new credit agreement while registered for debt review. If I do, the debt review application will be cancelled with immediate effect.
	I must go to the bank and stop all debit order-payments to creditors. I take full responsibility for this step.
	I must open a new savings account at an institution where I don't have any credit obligations. I take full responsibility for any amounts deducted from my old accounts if I neglected to open a new account according to Zeeva's instructions.
	I must arrange with my salary department to deposit my salary into my new bank account.
	I must stop all creditor related deductions from my salary immediately. This excludes court orders. Zeeva will not be able to assist with this.
	Home loans, motor vehicle accounts and other assets subject to finance agreements must be insured and proof of insurance must be included in the application. I undertake to inform Zeeva if my insurance lapses.
	I can cancel my debt review at any time. I understand that the debt counsellor is entitled to 75% of the prescribed debt counselling fees if a payment plan was drafted by Zeeva before the date of my cancellation and no fees were paid. I understand that the original terms and conditions of my credit agreements will be revived upon my cancellation. Please consult with your Debt Counsellor before cancelling.
	I must attempt to sell luxury items such as multiple properties, timeshare / holiday points / boats and quad bikes. I am over-indebted and cannot afford luxuries for as long as I am under debt review.
	I must destroy all credit and store cards immediately after signing this application.
	I am aware of the fact that no credit agreement on which legal action has commenced in terms of Section 129 of the NCA can be included under debt review without the permission of the creditor. I confirm that if a legal notice was issued on any of my credit agreements, the details thereof have been included in my documentation herein and a copy of the documents handed to Zeeva.

15. I declare that:

- The information in this document is true and correct:
- That I have read and understood the terms and conditions of this agreement/power of attorney, and that the contents have been explained to me.

16. I acknowledge that Zeeva mandates ADCAP (Pty) Ltd to act as the administrator of the debt review process. I explicitly acknowledge that ADCAP and its employees shall have the same rights and

indemnifications as contained in this Agreement and Power of Attorney, and I hereby ratify or promise to ratify the mandate and all that ADCAP does on my behalf as if done by myself.

17. I confirm that I am currently residing at the address mentioned in my application form and will immediately inform Zeeva in writing of any change of address. I accept that a new Legal Administration Fee will be payable to apply for a court date in a new jurisdiction if I fail to adhere to this request.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Applicant Signature

Spouse Signature

Debt Counsellor (NCRDC2182)



## Section B - Agreement in Respect of Legal Fees

I, the undersigned		
with ID number		and
I, the undersigned		
with ID number		

### Agree to pay ADCAP ( Pty ) Ltd the legal fees as explained to me, and which are calculated as follows:

- In order to obtain a court order, Zeeva or its nominees must appoint attorneys. The matter might become opposed at Court and might be referred to trial. A **fixed legal administration fee** of R8 000.00 ( VAT Excluded ) must be paid to enable Zeeva or its nominees to appoint attorneys and to attend to all aspects concerning the required court case pertaining to the re-arrangement of my obligations in terms of the National Credit Act. This fee will remain fixed irrespective of the number of creditors opposing the application, the number of court appearances necessary to obtain the court order and to what extent the debt counsellor must assist the court with testimony, further proposals, etc. The legal administration fee include the costs of an attorney attending to the negotiation of a male fide termination and / or legal steps of a creditor. Zeeva or its nominees will at its own costs make available its attorneys to consult with the consumers in this regard.

This fee does not include the actual costs of the defense of the summons , if necessary.
- If in the opinion of Zeeva or its nominees the Magistrate's Court application for re-arrangement is unsuccessful and the ruling is unfair towards the consumer, Zeeva or its nominees will proceed
- to appeal the matter to a higher court. The legal administration fee also includes the costs hereof. Zeeva or its nominees will have full discretion in deciding whether the matter should be taken on appeal or not.
- In the event that a creditor in our opinion, refuses to participate and negotiate in good faith in the debt review process, as required by the NCA, and it becomes necessary for the consumer to enforce her rights in terms of Sections 86 (11) and 85 of the NCA, Zeeva or its nominees undertakes to instruct its attorneys to draft the required supporting documentation so as to support the consumer's application. The cost hereof is included in the aforesaid fee.
- Zeeva or its nominees will not be able to provide the service and refer the matter to court failing payment of this fee.
- I acknowledge that the fees referred to above will be deducted from my monthly payment made to the Payment Distribution Agency appointed to collect and distribute my monthly payments in terms of my debt restructuring plan, and will be paid directly by the Payment Distribution Agent to Zeeva or its nominees.
- All fees will be included in the restructuring process.**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Debt Counsellor (NCRDC2182)

## Section C - Debit Order Form

To: <b>Hyphen Technology (Pty) Limited</b>	Date:
This signed Authority and Mandate refers to a Statutory Debt Repayment Plan of a Consumer in terms of the National Credit Act 34 of 2005.	

<b>A. AUTHORITY</b>	
I,	(Name of Debtor(s) / Consumer)
ID,	
of,	(Address of Debtor(s) / Consumer)
hereby authorise <b>Hyphen Technology (Pty) Limited (Hyphen PDA)</b> of:	
<b>Postal Address:</b> Private Bag X9980, Sandton, 2146	
<b>Physical Address:</b> Inanda Greens Office Park, 54 Wierda Road West, Wierda Valley, Sandton, Gauteng, 2196	

To issue and deliver payment instructions to your banker for collection against my/our bank account, being:	
Name of Bank:	
Name of Branch:	
Branch Number:	
Account Number:	

<b>Type Of Account</b> <i>(Tick Applicable):</i>	Current / Cheque	Savings / Transmission
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<b>I/we agree that the first payment instruction will be issued and delivered on or after</b>	<b>(date).</b>
Subject to the condition that the sum of such payment instruction/s will not exceed my/our obligations as agreed to in the Debt Repayment Plan with Hyphen PDA and/or my responsibility for any unpaid fees.	
The individual payment instructions so authorised must be issued and delivered on or after the dates when the obligations in terms of the Debt Repayment Plan are due and the amount of each individual payment instruction may not be more or less than the obligation due.	
I recognise and accept that the Debit Order and / or NAEDO instructions will emanate from you and thus give you authority to collect from my bank account the amounts as indicated in the Debt Repayment Plan.	
I further accept that, in the event that the collection/s becomes unpaid for whatever reason, I will be personally liable for any unpaid fees and penalty fees that may apply.	
Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Debt Repayment Plan have been paid or alternatively, the Debt Repayment plan has been cancelled on the Hyphen PDA system for whatever reason.	

<b>B. MANDATE</b>
I/we acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

<b>C. CANCELLATION</b>
I/we also understand that I/we cannot reclaim amounts which have been withdrawn (paid) from my/our account in terms of this authority and mandate if such amounts were legally owing in terms of the Debt Repayment Plan and we understand that such action will constitute breach of mandate.

<b>D. ASSIGNMENT</b>
I/We acknowledge that this authority may be ceded or assigned to a third party if the Debt Repayment Plan is also ceded or assigned to that third party.

Signed at	on this	day of	20
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Signature as used for operating on the account	Assisted by capacity (if applicable)

# Value Added Services

In order to receive the Added Services each page of the Value Added Services (Sections D & E) must be accepted & signed.

## Section D. - Credit Linked Insurance

**Credit Linked Insurance** is cover that ensures your debt gets paid when you become deceased, retrenched or disabled. It is possible that you are currently paying too much on your credit linked insurance that was issued by your credit providers. It could also be that you are not sufficiently covered and that your benefits do not suit your unique credit profile.

*Please complete this section if you would like someone to review your credit linked insurance and determine where you can save some money.*

<b>MANDATE AUTHORITY</b>	I,	ID Number:
hereby appoint <b>FINSAFE</b> , a Juristic Representative of <b>ERANJA FINANSIËLE DIENSTE (FSP 41094)</b> to act on my behalf with regard to all insurances and related administration in respect of my credit protection covers, both new and existing. I confirm that <b>FINSAFE</b> shall be acting on my behalf or in my interest and I waive any right to privacy only for the purposes as stated above. I hereby request that all existing credit insurance held on my account be cancelled upon receipt.		Signature:

<b>CLIENT DECLARATION</b>
Do you have, or have you ever had, trouble with or disorders of: (Please supply full details as well as medication used/currently being used)

1. Your heart or circulation (blood pressure, chest pains, stroke):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
2. Your lungs (asthma, TB, shortness of breath, persistent cough):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
3. Digestive System or liver (ulcers, hepatitis, gallstones):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
4. Kidneys, Bladder or Reproductive organs (bilharzia, prostate):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
5. Nervous system (concussion, paralysis, fits, depression):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
6. Your eyes, ears, nose or throat (deafness, ear discharge):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
7. Skeletal joints or muscles (rheumatism, arthritis, gout, back trouble):	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
8. Glands or blood (diabetes, thyroid, spleen, leukemia)	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
9. Growths (cancer or growth of any kind)	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
10. Have you undergone any medical tests in the past 5 years?	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
11. Are you taking drugs, tranquillisers or other medicines?	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
12. Have you ever been tested positively or advised in connection with HIV?	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		
13. Are you aware of any health factors that may affect this application?	<b>YES</b>	<b>NO</b>
<i>If yes please provide details:</i>		

<b>DECLARATION</b>	I/We hereby declare that all information provided is true and agree to provide any further information as requested. I/We hereby declare that we understand the terms and conditions of the cover as explained to us.
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Signed at		on this	
day of		20	

Signature:
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## Section E. - Short Term (household content / vehicle insurance)

**Short Term Insurance** is insurance you take out on your assets such as your car, your house and your household contents. You may already have short term insurance in place. As an added service to all our clients we offer to review your current insurance policy, which could possibly save your thousands of Rands.

*Please complete this section if you would like someone to review your short term insurance or give you a quote on a new policy.*

### FAIS Disclosure Notice

In terms of the Financial Advisers and Intermediary Services Act (FAIS), we are obliged to provide you with the following information.

Compliance within the FAIS Act is monitored by Moonstone Compliance (Pty) Ltd providers as approved by the Financial Services Board, represented by R L van Tonder, 25 Quantum Street, Tecnopark, Stellenbosch 7600 with Telephone Number 021 - 883 8000. In the event that you are dissatisfied with any aspect of our service, you should address your complaint in writing to the above address. A copy of the Company's Complaint policy is available on request as well as on our website. You will be provided with Disclosure Notices as required by legislation.

Eranja Financial Services, a registered FSP with registration number 41094 holds professional Indemnity Insurance with AIG South Africa Ltd in accordance with FAIS and has written authority to market the products with various Insurers and underwriting managers such as: RENASA, Meliorleaf and others. The company charges a Client Service Fee in terms of Section 8 (5) of the Short- Term Insurance Act and you agree that such a fee has been explained to you. The exact numerical amount will be disclosed on your Insurance Policy as well as the exact Client Services which make up said fee. All your rights in terms of this fee remain reserved and are in accordance with the legislation. The Company received more than 30% of last year's commission and remuneration from Renasa Insurance Company Limited. It does not hold more than 10% of the shares issued by any Insurer nor is it an associated company of an Insurer. The FSP and/or its representatives may from time to time receive non-cash incentives from product suppliers or indirect consideration from other persons' details of which are kept in our Conflicts of Interest Register, this and our Conflicts of Interest Policy can be provided on request and is available on our website.

### About the Financial Advisor

**Name:** Michael Johannes de Beer - (Under Supervision)

**ID:** 760305 5041 085

**Email:** info@meliorleaf.co.za

**Address:** Thabo Mbeki Avenue 1A, Mokopane 0600

**Brokerage:** Eranja Financial Services FSP 41094

**Tel:** 0861 635 467

The company accepts responsibility for the financial advisor's activities and remunerates him for his services from commission paid to the company. A copy of the Licence that contains details of the financial services the advisor is authorized to provide, together with any exemptions, are available for inspection on request.

The advisor has provided financial advice and intermediary services under supervision since 01/03/2012 in the below mentioned areas and is fit and proper as per FAIS requirements: Short Term - Commercial and Personal Lines.

### Permission to Obtain Information:

Certain personal information may be required in order to render proper financial advice and for marketing purposes. Your consent in collecting such or otherwise processing such information is necessary, should there be any personal information you are not comfortable with me collecting and/or otherwise processing, kindly notify me in writing. You are aware that such Personal Information must be dealt with in accordance with the Personal Protection of Information Act ('POPI'). You consent to such personal information being used by any necessary third party such as the Insurer. By signing this letter you agree that such consent has been provided to me by you. Please refer to our POPI policy which will be available at our offices.

### Please select one of the following options:

I have a Broker. Just issue me with a quote.	With this I, the undersigned, hereby request Eranja Financial Services to provide me with a comparative quote on my short term insurance. I authorise the said company to obtain information on my insurance portfolio with all institutions where my interest as vested. My current short term broker will remain in place.	Please indicate your selection.  <b>YES      NO</b>
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Initials & Surname:	
ID Number:	
Mobile Phone:	
Email:	
Current Insurer:	
Policy Nr:	

Signed at		on this	
day of		20	

Signature:

# Debit Order Cancellation Form

Date:	
Client Name:	
Client ID number:	

I wish to inform you that I have applied for Debt Counselling in terms of Section 86 of the National Credit Act (Act 34 of 2005) and I hereby request that you cancel all debit order authorizations on the agreements listed below.

## My debt counsellor's contact details:

Debt counselling number:	NCRDC2182
Name:	Linda du Plessis
Company:	Zeeva
Contact number:	086 144 4483

## Kindly cancel the following debit order(s) on the following agreements with immediate effect:

### Debit Order 1

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

### Debit Order 2

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

### Debit Order 3

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

### Debit Order 4

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

**Debit Order 5**

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

**Debit Order 6**

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

**Debit Order 7**

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

**Debit Order 8**

Product: (credit card/home loan, etc.)

Product account number:

Credit provider:

Bank account number from which the funds are drawn:

Bank from which funds are drawn:

Amount:

Thank you for your assistance in this regard.

Yours sincerely,

Signature

Date: