

Call 086 100 1047 / SMS WhatsApp 061 432 8499
Email help@dcgsa.co.za

ASSESSMENT PACK

Part 1



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PERSONAL DETAIL FORM

Please note it is important to fill in the entire document and not skip any information needed. Unless spouse does not apply.

Main Applicant

Surname: _____

First Names: _____

Date of Birth: _____

ID Number: _____

Spouse

Surname: _____

First Names: _____

Date of Birth: _____

ID Number: _____

Marital Status

Single Married in COP Married out COP Divorced
Widowed Separated

Contact Details

Physical Address: (not postal)

Period at address: _____

Code: _____

Tenant Owner

Cell: _____

Spouse Cell: _____

Tell Home: _____

Email: _____

Email: _____

Dependents:

Relation: _____ Name: _____ Age: _____

Relation: _____ Name: _____ Age: _____

Relation: _____ Name: _____ Age: _____

Relation: _____ Name: _____ Age: _____

Next of kin: (at least one)

Relation: _____ Mr Ms Name: _____ Cell: _____

Relation: _____ Mr Ms Name: _____ Cell: _____

Main Applicant Employment Details:

Employed Self Employed Pensioner Unemployed

Employer/Business Name: _____

Job Title: _____

Period at current employment: _____

Physical Work Address: _____

Tell work incl. extension number: _____

Spouse Employment Details:

Employed Self Employed Pensioner Unemployed

Employer/Business Name: _____

Job Title: _____

Period at current employment: _____

Physical Work Address: _____

Tell work incl extension number: _____

Where did you hear about us?

If a friend, please give their name and surname if possible?

CREDIT CHECK AUTHORITY

(Please Note that all information will remain confidential)

Main Applicant

Surname		
First Names		
ID Number		
Physical Address		
	Code	

Contact Numbers

Cell		Home		Work	
------	--	------	--	------	--

Employer		Occupation	
Signed at		on the	day of
			, 20
Main Applicant Signature			

Spouse

Surname		
First Names		
ID Number		
Physical Address		
	Code	

Contact Numbers

Cell		Home		Work	
------	--	------	--	------	--

Employer		Occupation	
Signed at		on the	day of
			, 20
Spouse Signature			

I/We hereby authorise & request DCGSA to obtain Credit Bureau reports in my/our name/s, as required in terms of the National Credit Act, Act 34 of 2005 Sec 86 (6) and regulations 24 (3) and consent to the Credit Bureau releasing my credit report to DCGSA.



MONTHLY COMMITMENTS

Rent	
Groceries (Incl. Meat)	
Bread & Milk	
Water & Electricity	
Petrol / Transport fee	
Insurance – Home	
Insurance – Vehicle	
Cell Phone Contract or Pay-as-u-Go	
School Fees	
Medical Aid / Chronic Medication	
Policies	
Bank Charges	
TV License	
Saving for unexpected expenses	
Other	
Other	
Other	
Other	
Other	
Other	
TOTAL MONTHLY COMMITMENTS	

Please note that this budget is to help us understand what you are currently needing for your household expenses.

It is crucial to be as accurate as possible. You must also understand that your budget may be adjusted in order to accommodate for the debt repayments we know the credit providers would accept under debt review. Please note you do not need to supply your creditor payments as we will do a credit check to confirm the payments for those.

DOCUMENTATION CHECKLIST

(Please make sure you send all relevant documentation)

For a quick assessment you may send the document marked with an star, we can get the other documents from you if you decide to proceed with the process.

Remember the sooner you send us all the required documentation the sooner we can help you.

*	Copy of ID/s
*	3 Months latest bank statements (if employed)
*	6 Months latest bank statements (if self-employed or commission earner)
*	3 Months latest payslips (if employed)
	Copy of your Marriage certificate / Divorce Decree (if applicable)
	Affidavit of Separation (if applicable)
	Copies of your children's birth certificates (if applicable)
	Letter certifying Pension (if on pension)
	Proof of Residence
	Proof of car insurance (if applicable)
*	Personal Detail form completed and signed (PAGE 2 of this document)
*	Credit Check Authority form completed and signed (PAGE 3 of this document)
*	Monthly Commitment (Budget Form) (PAGE 4 of this document)
	Documents you may have from your current/previous Debt Counsellor
	Documents you may have received from credit providers