



DEBT PLAN
ADMINISTRATORS

DebtPlan Administrators (Pty) Ltd

86 GENERAL HERTZOG RD
PO BOX 264890
THREE RIVERS, 1935

TEL: (016) 454 2300
FAX: 016 423 6271
Toll Free fax no. 0800 332 875
EMAIL: admin@debtplan.co.za



An Authorised Financial Services Provider FSP 30490

Client Copy

PERSONAL DETAILS

Name: _____

Surname: _____

ID Number: _____

Cell Number: _____

Work Number: _____

Address: _____

AUTHORISATION

***All of the below mentioned can only be done on acceptance by the client
This confirmation will be done telephonically.***

I, _____ (Name & Surname) ID Number _____

Authorise DebtPlan Administrators (Pty) Ltd to:

- do an assessment on my current credit life insurance,
- do an assessment on my current life insurance with the life insurance providers,
- on telephonic acceptance of the offer to cancel any existing policies related to my accounts with creditors,
- on telephonic acceptance of the offer to cancel any of my current life insurance policies with the current life insurance providers,
- By signing this document I also authorise my Debt Counsellor to furnish my personal details to DebtPlan Administrators (Pty) Ltd for a full and fair assessment of my current insurance needs.

Please indicate required cover:

- | | | |
|--------------------------|--------------------------|-----------------------|
| DebtPlan | <input type="checkbox"/> | |
| DebtPlan Whole Life | <input type="checkbox"/> | Cover Required: _____ |
| Limited Cover Plan | <input type="checkbox"/> | Cover Required: _____ |
| Drive Plan Deposit Cover | <input type="checkbox"/> | |
| Drive Plan | <input type="checkbox"/> | |

Signature: _____ Date: _____



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Debt Counsellor Copy

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Name: _____

Surname: _____

ID Number: _____

Cell Number: _____

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Address: _____

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