



CLIENT ASSESSMENT

BRANCH DETAILS													
BRANCH	SPRINGS FRANCHISE			DATE									
TELEPHONE	0746321425	CODE		MANAGER	AARON KHOZA								
EMAIL	admin@debtshield.co.za			LEADGEN									
CLIENT DETAILS	APPLICATION 1			APPLICATION 2									
NAME													
SURNAME													
LANGUAGE	ENGLISH <input type="checkbox"/>	AFRIKAANS <input type="checkbox"/>	XHOSA <input type="checkbox"/>	ZULU <input type="checkbox"/>	OTHER <input type="checkbox"/>								
NATIONAL IDENTITY													
MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	IN C.O.P <input type="checkbox"/>	OUT OF C.O.P <input type="checkbox"/>	DIVORCED <input type="checkbox"/>								
CONTACT DETAILS	ADDRESS												
	EMAIL		TELEPHONE	0746321425									
CLOSER PRODUCT SCREENING													
CREDITOR	ACCOUNT NUMBER	OUTSTANDING BALANCE	CURRENT ONSTALMENT										
PREVIOUS DEBT COUNSELLING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOTAL R			R							
CLOSER COMMENTS													
PRODUCT	DEBT REVIEW <input type="checkbox"/>	DCCP DEBT REVIEW <input type="checkbox"/>	DEBT MEDIATION <input type="checkbox"/>	DCCP DEBT MEDIATION <input type="checkbox"/>	DEBT REVIEW REMOVAL <input type="checkbox"/>	ADMIN REMOVAL <input type="checkbox"/>	INCOME PROTECTOR <input type="checkbox"/>	PROVIDENT FUND <input type="checkbox"/>	MEDICAL ASSIST PLAN <input type="checkbox"/>				
CURRENT INSTALMENT	R				REDUCED INSTALLMENT	R							
EFFECTIVE DATE	BANK NAME: <input type="text"/>	ACC NO: <input type="text"/>		ACC TYPE: <input type="text"/>		PAYMENT METHOD	CASH <input type="checkbox"/>	STOP ORDER <input type="checkbox"/>	FLEXI <input type="checkbox"/>	DEBICHECK <input type="checkbox"/>	EFFECTIVE DATE DECLARATION	<input type="checkbox"/>	

