



MEMBERSHIP APPLICATION

CLIENT NAME AND SURNAME	
-------------------------	--



Sunninghill Square, 3rd Floor, Naivasha Road, Sunninghill, Sandton
P.O. Box 975, Crown Mines, 2025
Tel: 010 286 0462
Fax: 086 771 1453
Email: info@financialjourney.co.za
www.financialjourney.co.za

REFERRAL FORM

MEMBER DETAILS					
Department			Region / Province		
Liaison Officer Name			Surname		
L/Officer Tel Number			Email		
CLIENT DETAILS					
Name			Surname		
Identity Number			Age		
Ethnicity			Cell / Work Number		
Email			Marital Status		
Persal Number			Home Language		
Address					
SPOUSE DETAILS					
Name			Surname		
Identity Number			Age		
Employer			Cell / Work Number		
Preferred time of contact	Morning	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Afternoon
Method of contact	SMS	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Email
NATURE OF ASSISTANCE					
Current Client Status	Are you under Debt Counselling?	<input type="checkbox"/>	Do you have an Admin Order/Garnishee?	<input type="checkbox"/>	
REQUIRED SERVICE/S					
Over Indebted	Debt Advice	<input type="checkbox"/>	Debt Mediation	<input type="checkbox"/>	Debt Review
Admin Order/Garnishee	Dispute	<input type="checkbox"/>	Enquiry	<input type="checkbox"/>	Resolve
Budget Assist	Budget Review	<input type="checkbox"/>	Money Manager	<input type="checkbox"/>	Financial Coaching
Credit Repair	Credit Report Dispute	<input type="checkbox"/>	Creditor Dispute	<input type="checkbox"/>	Credit Review
Home Ownership	Do you require assistance in knowing more about Home Ownership?				
Notes / Additional Info					

"My Financial Journey" is a membership based program that seeks to assist you with your personal financial matters, the membership is voluntary and can only be cancelled after giving us three (3) months' notice. My Financial Journey membership ensures that you have access to various financial service assistance and benefits through our services providers and well trained staff. Should you wish to be a part of this program, kindly tick the box below.

MY FINANCIAL JOURNEY ANNUAL MEMBERSHIP	R195.00	<input type="checkbox"/>
--	---------	--------------------------

In order to provide the best possible service to our clients, please provide the following documents and carefully read the consent form and the below terms and conditions.

DOCUMENTATION REQUIRED					
ID	<input type="checkbox"/>	Payslip	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/>
Other <input type="checkbox"/>					
<i>(If other, please specify)</i>					

- I have read and understood the contents of this referral and membership form and I agree to abide by its provisions. I understand that "My Financial Journey" will treat all my information with utmost confidentiality. The natures of the procedures have been explained to me before the referral.
- I agree that "My Financial Journey" will not be held liable for the outcome of this referral. I waive any claims I may have against My Financial Journey and or its consultants in respect of such disclosure.
- I undertake to fully participate as a member of the "My Financial Journey" programme and comply with all the requirements and prospects of assisting me to achieve my financial goals.
- I will comply with all requests from the "My Financial Journey" programme consultant/s to assist in evaluating my financial situation, assist me if I am over-indebted or have financial challenges and the prospects for efficient money management and debt restructuring process.
- I hereby consent to the submission of my information to all registered credit bureaus by the "My Financial Journey" consultant/s or authorised users or partners.
- I consent that the "My Financial Journey" consultant/s, Financial Coach, Debt Counsellor, Legal Practitioners and associated partners may obtain my credit record from any/all registered credit bureaus and any other registers which may contain any of my credit information.
- Monitor my payment behaviour, credit standing by researching my record at one Credit Bureaus, record details of how I conduct my obligations in terms of my accounts for the purpose of assisting me in managing my finances.
- I herewith give consent to the "My Financial Journey" consultant/s, associated registered Financial Service Provider, and his/her/authorised user/s below to obtain such information.
- I do understand that My Financial Journey cannot guarantee my results, and it's my sole responsibility to ensure that all the recommendations and instructions are carried out in such a manner that is within the programme.

Client Name			Signature		
Date			Place		

CONSENT FORM



DEBIT ORDER / PAYROLL DEDUCTION/ EFT DEPOSIT

Name		Surname	
Identity number		Contact number	
Region/Branch		Department	
Cell number for sms		Employee number	
Home language			
MY FINANCIAL JOURNEY MEMBERSHIP		ONCE-OFF ANNUAL FEE	R195.00

Payment Information

Please tick one (1) box	<input type="checkbox"/> Debit Order	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> EFT / DEPOSIT
-------------------------	--------------------------------------	--	--

Debit Order

Pay date		Debit date	
Type of account	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Bank name			
Branch name			
Bank branch code			
Account number			
Name of account holder			
Once off fee		Recurring fee	

Declaration for Debit Order Deduction

I hereby authorise "My Financial Journey" to issue and deliver debit order payment instructions to your banker for collection against my Account and Bank used by my employer to deposit my salaries / wages, which account may differ from the account specified above on condition that the sum of each payment instruction and frequency of payment requests will never exceed the obligations as agreed and defined in the Agreement specified. My bank's participation in the relevant payment stream, the authentication mechanism used by me and the relevant rules applicable to the payment streams will determine per repayment cycle the most suitable payment stream in order to fulfil the obligations as defined in the agreement. My authorisation is subject thereto that the same payment instruction may never be presented simultaneously in more than one payment stream during the same repayment cycle or, if unpaid in a payment stream selected be represented in the same cycle in another payment stream. I can only service the obligations defined in here if the payment instructions are executed as close as possible to when I receive my salary or wages which dates vary from month to month, especially during December of each year. To curb against (1) unpaid bank charges (2) losing the benefits described in the agreement quoted (3) incurring penalties due to non-payment; I explicitly authorise "My Financial Journey" to utilise the functionality of Tracking supported on the EDO Payment Streams especially after unsuccessful attempts on the EFT Payment Stream. Tracking supported on the EDO Payment Streams has been explained to me and I acknowledge that my above-mentioned account will be interrogated for a defined period until this period has lapsed or until payment was received. I hereby agree that subsequent payment instructions will continue to be delivered in terms of the authority until all obligations have been paid. This authorisation will remain in force until cancelled by me in writing. I hereby acknowledge that my bank will charge fees to my account as agreed with them once they process this instruction. I foresee that I may change my bank and bank account particulars reflected in here, in which instance I will notify the beneficiaries specified, or any new beneficiary, should the agreement be ceded or assigned to any third party. Should I however forget to notify you, or the assigned third party and if you or the assigned third party obtain my new bank particulars, on own account, this mandate will not lapse. This issued mandate will cover the obtained bank information, and you and the assigned third party may attach such new information, to this signed document as annexure, and the attached annexure must be read together with this mandate, by my new bank.

Payroll Deduction

Name of employer			
Pay date		Deduction date	
Gross monthly pay		Nett monthly pay	
Once off fee		Recurring fee	

Declaration for Payroll Deduction

I, the undersigned, agree and authorise the Human Resources Department / Employer Payroll Officer to deduct the "My Financial Journey" membership fee, including any applicable fee increases, Debt Review payments or creditor payments that I have selected or any increases that "My Financial Journey" may apply, from my salary and as set out above on my behalf, until such time as I cancel this authority in writing or I substitute this with a new authority.. Should the payroll deduction fail, I hereby authorise "My Financial Journey" to change the pay mode to debit order.

Client name		Signature	
Date		Place	

FOR OFFICE USE ONLY:

Banking details: Account Name: My Financial Journey: Account Number: 62597135683: Bank: FNB: Branch: Sunninghill Branch Code: (250655) Reference: ID NUMBER

I, the undersigned,

(Full Names) of

(Residential address)

born on the _____ day of _____ 19 _____ with ID no: _____

Do hereby appoint "**Finwell Credit Counsellors**" (trading as "Finwell"), duly registered Debt Counsellors to be my lawful agent for managing and transacting my business in the Republic of South Africa with full power and authority for me and in my name, and for my account and benefit to:

1. Obtain my Credit Bureau records from the relevant Credit Bureaux;
2. Obtain bank statements, payslips or other relevant information to assess my financial situation;
3. Obtain information relating to the credit agreements from all relevant parties, including attorneys and debt collectors;
4. Use the information obtained to determine what relevant action should be taken to provide me with debt relief assistance.
5. Assist with making payment arrangements on my credit agreements and/or prevent the repossession of assets.
6. Assist me with any legal matter, court processes, including appointing an Attorney to represent me in court;
7. Propose and conclude new payment arrangements with all OR specific Credit Providers, Attorneys and Debt Collectors.

Signed at _____ on this _____ day of _____ 20 _____, in the presence of the

Undersigned witnesses.

WITNESSES:

1. _____

2. _____

(Signature of witnesses)

(Signature of Client)

FINWELL CREDIT COUNSELLORS PTY LTD

Registration Number 2014 / 214929 / 07
Registered Debt Counselor NCRDC:29
3rd Floor Sunninghill Square Naivasha Road
Johannesburg Gauteng RSA
Tel 087 625 0717 Fax 0867 7 11 453
Email: debthelp@fccdebt.co.za.co.za
www.fccdebt.co.za

MONTHLY EXPENSES TEMPLATE

Client name	
Consultant name	

HOME	Amount
Groceries	
Rates and levies	
Electricity	
Water	
Domestic worker /Gardener	
Bond/Rent	
Security/Alarm system	
DSTV	
CHILDREN	
School / College/ university fees	
Transportation	
Lunch/ School supplies	
Child care/ after care	
PERSONAL EXPENSES	
Petrol	
Bus/ taxi fare	
Lift club	
Memberships/ Subscriptions	
Health club / Gym	
Clothing	
Hair/ nails	
UTILITIES	
Home telephone	
Airtime / Contract	
Internet	
Data bundles	
Gas	
Home maintenance	
Extended family support	
INSURANCE	
Wills and last testament	
Funeral Plan	
Life cover	
Disability cover	

Accidental insurance	
Household contents	
Car insurance	
Medical aid / insurance	
Hospital plan	
Provident/Pension/Retirement fund	
INVESTMENTS	
Investment policy	
Rainy day account	
Shares/ stock	
Retail bonds	
Other	
ENTERTAINMENT	
Eating out	
Movies	
Videos/ CDs/DVDs/iTunes	
Social outing	
Gaming(Wii, Play station, Xbox)	

CREDITORS	INSTALMENT	OUTSTANDING BALANCE

GENERAL COMMENTS
