

## REHABILITATION ASSESSMENT FORM

<p>Dear Client</p> <p>This is an obligation free assessment form. By completing this form, you will receive the following:</p> <ol style="list-style-type: none"> <li>1. A free consultation.</li> <li>2. A quotation.</li> </ol> <p style="text-align: center;"><i>NB. To enable us to assess your situation please complete this form in full, and send it via</i></p> <p style="text-align: center;"><b>Email: <a href="mailto:legal@insolvencycare.co.za">legal@insolvencycare.co.za</a></b></p> <p style="text-align: center;"><b>Fax: 086 225 6102</b></p> <p style="text-align: center;"><b><u>NB. If the insolvent is married out of community of property we will only need your details and not your spouse's details.</u></b></p>		
**DATE		
<p><b>PERSONAL INFORMATION</b> (CURRENT INFORMATION)</p>		
SURNAME		
FULL NAMES		
IDENTITY NUMBER		
EMPLOYED	YES	NO
PHYSICAL ADDRESS		
HOME TEL NO.		
WORK TEL NO.		
CELL NO.		
EMAIL ADDRESS		

## REHABILITATION ASSESSMENT FORM

<b>MARITAL STATUS</b> <i>(CURRENT INFORMATION)</i>		
MARRIED IN COMMUNITY OF PROPERTY <i>(If yes, date of marriage)</i>	YES	NO
MARRIED OUT OF COMMUNITY OF PROPERTY <i>(If yes, date of marriage)</i>	YES	NO
CUSTOMARY MARRIAGE <i>(If yes is this marriage registered at Home Affairs)</i>	YES	NO
DIVORCED <i>(If yes, date of divorce)</i>	YES	NO
SINGLE	YES	NO
WIDOW	YES	NO
WIDOWER	YES	NO
<i>Please tick yes / no where applicable and remember when it's a yes to add the additional information required.</i>		
<b>SPOUSE INFORMATION</b> <i>(CURRENT INFORMATION)</i>		
SURNAME		
FULL NAMES		
IDENTITY NUMBER		
EMPLOYED	YES	NO
PHYSICAL ADDRESS		
WORK TEL NO.		
HOME TEL NO.		

## REHABILITATION ASSESSMENT FORM

CELL NO.		
EMAIL ADDRESS		
<b>EMPLOYMENT INFORMATION</b> <i>(CURRENT INFORMATION)</i>		
EMPLOYER NAME		
EMPLOYEE NUMBER		
OCCUPATION		
HOW LONG HAVE YOU BEEN EMPLOYED BY THIS EMPLOYER		
PHYSICAL ADDRESS		
EMAIL ADDRESS		
BRUTO SALARY		
NETTO SALARY		
DO YOU EARN COMMISSION	YES	NO
COMMISSION OVER A 3 MONTH PERIOD		
<b>SPOUSE EMPLOYMENT</b> <i>(CURRENT INFORMATION)</i>		
EMPLOYER NAME		
EMPLOYEE NUMBER		
PERIOD OF EMPLOYMENT		
PHYSICAL ADDRESS		

## REHABILITATION ASSESSMENT FORM

EMAIL ADDRESS		
BRUTO SALARY		
NETTO SALARY		
DO YOU EARN COMMISSION	YES	NO
COMMISSION OVER A 3 MONTH PERIOD		

<b>PERSONAL INFORMATION</b> <i>(INFORMATION AT THE TIME WHEN THE SEQUESTRATION ORDER WAS GRANTED)</i>		
SURNAME		
FULL NAMES		
IDENTITY NUMBER		
EMPLOYED	YES	NO
PHYSICAL ADDRESS		
<b>MARITAL STATUS</b> <i>(INFORMATION AT THE TIME WHEN THE SEQUESTRATION ORDER WAS GRANTED)</i>		
MARRIED IN COMMUNITY OF PROPERTY <i>(If yes, date of marriage)</i>	YES	NO
MARRIED OUT OF COMMUNITY OF PROPERTY <i>(If yes, date of marriage)</i>	YES	NO
CUSTOMARY MARRIAGE	YES	NO

## REHABILITATION ASSESSMENT FORM

<i>(If yes is this marriage registered at Home Affairs)</i>		
DIVORCED	YES	NO
<i>(If yes, date of divorce)</i>		
SINGLE	YES	NO
WIDOW	YES	NO
WIDOWER	YES	NO
<i>Please tick yes / no where applicable and remember when it's a yes to add the additional information required.</i>		
<b>SPOUSE INFORMATION</b> <i>(INFORMATION AT THE TIME WHEN THE SEQUESTRATION ORDER WAS GRANTED)</i>		
SURNAME		
FULL NAMES		
IDENTITY NUMBER		
EMPLOYED	YES	NO
PHYSICAL ADDRESS		
<b>EMPLOYMENT INFORMATION</b> <i>(INFORMATION AT THE TIME WHEN THE SEQUESTRATION ORDER WAS GRANTED)</i>		
EMPLOYER NAME		
EMPLOYEE NUMBER		
OCCUPATION		
EMPLOYMENT PERIOD		
PHYSICAL ADDRESS		

## REHABILITATION ASSESSMENT FORM

<b>SPOUSE EMPLOYMENT</b> <i>(INFORMATION AT THE TIME WHEN SEQUESTRATION ORDER WAS GRANTED)</i>	
EMPLOYER NAME	
EMPLOYEE NUMBER	
EMPLOYMENT PERIOD	
PHYSICAL ADDRESS	

<b>SEQUESTRATION INFORMATION</b>		
APPLICATION ATTORNEY <i>(Please provide full contact details, telephone no, fax no, E-mail addresses, ref. no. If possible)</i>	Ref	
	Fax	
	Tel	
	Email address	
CASE NO.		
MASTER REF.		
CURATOR APPOINTED BY THE MASTER OF THE HIGH COURT  <i>(Please provide full contact details, telephone no. fax no. email addresses, ref. no. if available)</i>	Ref	
	Fax	
	Tel	
	Email address	
	Physical Address	

## REHABILITATION ASSESSMENT FORM

	Postal Address	
HIGH COURT WHERE THE SEQUESTRATION APPLICATION WAS GRANTED	HIGH COURT NAME:	
	PROVINCE:	

<b>REASONS FOR REHABILITATION</b>

**Please tell us where you heard about us?**

<b>INTERNET</b>	<b>SOCIAL MEDIA</b>	<b>FAMILY / FRIEND / AGENT</b>
-----------------	---------------------	--------------------------------

Please attach copies of the following documentation if available:

1. Copy of the sequestration order.
2. Copy of the final Liquidation and distribution account.

Should we require any additional documentation we will contact you in this regard.

We thank you for your enquiry and will revert back to you soon.

Sincerely

Management