

FORM A: DEBT CONSOLIDATION SCHEME ASSESSMENT BY SSA

PART I - PARTICULARS OF BORROWER <i>(all fields are mandatory)</i>			
Name	 <i>(as in identification document)</i>		
ID No.		Work Pass No. (if any)	
Citizenship	<input type="checkbox"/> Singapore / PR <input type="checkbox"/> Others – please specify: _____	Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Others – please specify: _____
Address			
Correspondence address	 <i>(if different from above)</i>		
Contact Details	_____ (mobile) _____ (home) Email address: _____		
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Monthly Income <i>(after CPF deduction)</i>			

Signature by the Borrower (with date & time)

I agree that the information given under Part I is accurate, and I understand that with this form, I may approach any of the licensed moneylender listed under Part III to take a debt consolidation loan.

PART II – DETAILS OF SOCIAL SERVICE AGENCY*(all fields are mandatory)*

Name		UEN	
Address			
Name of Officer			
Contact Details	_____ (mobile) _____ (office) Email address: _____		

PART III - ASSESSMENT BY SOCIAL SERVICE AGENCY

Does the total outstanding amount owed by the borrower exceed the relevant aggregate unsecured loan cap? Yes No

Having considered the circumstances of the borrower, it is in my opinion that it is in the best interests of the borrower to apply for a debt consolidation loan.

Names of licensed moneylenders and their officers

Notes of negotiation
(please attach a separate sheet if there is insufficient space)

Date and time of negotiation

Signature by the Officer of the Social Service Agency
(with date & time)

I agree that the information given under Part II & III are accurate.