# **FORM A: DEBT CONSOLIDATION SCHEME ASSESSMENT BY SSA**

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| **PART I - PARTICULARS OF BORROWER***(all fields are mandatory)* |
| **Name** | *(as in identification document)* |
| **ID No.** |  | **Work Pass No.****(if any)** |  |
| **Citizenship** | [ ]  Singapore / PR[ ]  Others – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Nationality** | [ ]  Singaporean[ ]  Others – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address** |  |
| **Correspondence address** | *(if different from above)* |
| **Contact Details** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home)Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employment status** | [ ]  Employed [ ]  Unemployed |
| **Monthly Income***(after CPF deduction)* |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***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.* |

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| **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 |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature by the Officer of the Social Service Agency** ***(with date & time)****I agree that the information given under Part II & III are accurate.* |