



www.dcidebt.co.za | info@dcidebt.co.za
078 904 9404 | 082 087 1985 | 033 817 8453
219 Boshoff St | PMB | Office No.05 annagreth23@gmail.com

CLIENT SERVICE AGREEMENT

This service agreement is made effective on this _____ day of _____, 2023. By

DCI VERSION VERSION 2 AND _____

WHEREAS, Client has to seek help to perform debt resolution (services) for client unsecured debts and other debt related to the client.

WHEREAS, DCI V2 desires to assist client in providing the services as set below;

REMOVAL is a legal service product for rescissions of Admin order, Debt Review , paid-up Judgements and prescribed accounts of work within 3 months services guarantee.

DCI PAYMENTS ARRANGEMENTS it's a once off payment of work related to all credit matters by allowing client to be serviced for the above matters anytime through telephonically or face to face to make arrangements or settle accounts.

**DCI V2 REMOVAL OF PRESCRIBED
ACCOUNTS R2000 PER ACCOUNT ONCE
OFF/ INSTALMENTS. DCI V2 PAYMENT**

I acknowledge all that I am 100% accountable to pay all fees outstanding to my debt councillor, Creditors or any other concerned, so that my case will continue for service at DCI V2 Hold no rights to pay my outstanding fees as service may be supplied. Should client refuse to pay outstanding debt



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ACCOUNT HOLDER _____ BANK _____ ACCOUNT
NO: _____

BRANCH CODE: _____ ACCOUNT TYPE _____ SALARY DATE _____ AMOUNT R _____ NO OF
INSTALLMENT _____.

every month commencing _____ in the event that the payment day falls on
Saturday/Sunday Or recognized south African public holiday , the payment will automatically be debited
before or next business day. If there is insufficient funds on in the nominated account to meet the obligation
,then we are entitled to track account.

Signed at: _____ on this _____ day of _____ 2023.

Signature of main member: _____ dated: _____.

Agent Name: _____ Consultant Name: _____ dated: _____

On the _____ day of each and





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Client NO.:

PERSONAL INFORMATION

Full Name: _____

SURNAME _____

ID NO: _____ D.O.B _____

MARITAL STATUS: _____

PHYSICAL

ADDRESS: _____

CELL NO: _____ EMAIL ADDRESS: _____ TEL _____
WORK _____

EMPL COMPANY NAME _____ JOB TITTLE _____ EMPLOYEE
CODE: _____

COMPANY PAYDATE _____ EMPLOYMENT STATUS _____ HR
NO _____

COMPANY ADRESS EMPLOYMENT DETAILS

NEXT OF KIN

NAME AND SURNAME

CONTACT NO: _____

N DEBIT ORDER.