

SCHEDULE 1

ARRANGEMENT OF FORMS

Regulation 49

The Debt Arrangement Scheme (Scotland) Regulations 2004

FORM 13 **NOTICE OF COMPLETION BY MONEY ADVISER**

1 **Date of Notice**
(Dd/mm/yyyy)

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2 **Unique CMS Identifier**

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3 **Debtor**

Surname

First Name

Other Names

Home Address

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Business Address
(If applicable)

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4 Money Adviser

Surname	
First Name(s)	

Organisation name and business address	

Daytime Telephone No																				
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Debt payment programme

5 Date of approval of programme																				
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6 Amount of debt included in programme																				
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7 A report has been received from the payment distributor advising that the Debt Approval programme was completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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8 The creditors in the Debt Approval programme have agreed in writing to completion before the end of the period of the programme	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9 Use this space to provide any other information relevant to the completion of the programme	
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