

SCHEDULE 6

Regulation 15 (h)

The Debt Arrangement Scheme (Scotland) Regulations 2004  
Regulation 42(2)

FORM 10

FORM 10

APPLICATION FOR REVOCATION OF A DEBT PAYMENT PROGRAMME

SECTION 1

1 DAS case number  /  /

2 Date debt payment programme was approved

**Details of debtor**

3 Title   
Surname   
First name(s)

4 Address   
  
  
  
Postcode

5 Debtor's Business name (if applicable)   
Debtor's Business address (if applicable)   
  
  
Postcode

**Details of money adviser**

6 Surname   
First name   
Unique identification number (if known)

7 Are you a creditor Yes  No

*If you have answered 'yes,' go to section 2. If you have answered 'no', go to section 3*

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**SECTION 2**

Only complete this section if you are a creditor

**Your details**

8 Name (or business name)	<input type="text"/>
9 Address (or business address)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>

**Please tell us here why you are applying for the DPP to be revoked**

(All the legal references are to the Debt Arrangement Scheme (Scotland) Regulations 2004)

- 10 Does the debtor have a money adviser? Yes  No
- 11 Has the debtor petitioned for their own sequestration? Yes  No
- 12 Has the debtor failed, without reasonable cause, to satisfy a condition under regulation 29 or 30? Yes  No

If you have answered 'yes, please provide details

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- 13 Has the debtor made a statement in their application for a DPP, which they know to be untrue? Yes  No

If you have answered 'yes, please provide details

- 14 Has the debtor failed to make an instalment under the programme, which means that they are now in arrears of an amount equal to 3 payments? Yes  No

If you have answered 'yes, please provide details

- 15 Please provide any further information

- 16 I/we apply for revocation of the debt payment programme

Signature \_\_\_\_\_ Date

Print name in block capitals \_\_\_\_\_

Position in company (if applicable) \_\_\_\_\_

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**SECTION 3**

Only complete this section if you are a money adviser

**Grounds for revocation**

*(All the legal references are to the Debt Arrangement Scheme (Scotland) Regulations 2004)*

- 17 Has the debtor petitioned for their own sequestration? Yes  No
- 18 Has the debtor failed, without reasonable cause, to satisfy a condition under regulation 29 or 30? Yes  No

If you have answered 'yes, please provide details

- 19 Has the debtor made a statement in their application for a DPP which they know to be untrue? Yes  No

If you have answered 'yes, please provide details

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

- 20 Has the debtor failed to make an instalment under the programme which Yes  No   
means that they are now in arrears of an amount equal to 3 payments?

If you have answered 'yes, please provide details

- 21 Please provide any further information

**Signature of debtor (if applicable)**

- 22 I apply for revocation of the debt payment programme

Signature \_\_\_\_\_ Date

**Money adviser's signature**

- 23 I apply for revocation of the debt payment programme

Signature \_\_\_\_\_ Date