

SCHEDULE 1

Regulation 15 (c)

The Debt Arrangement Scheme (Scotland) Regulations 2004  
Regulation 20(2)

FORM 3

FORM 3

APPLICATION FOR APPROVAL OF A DEBT PAYMENT PROGRAMME

SECTION 1

1 Money adviser case number

**Details of debtor**

2 Title (Mr, Mrs, Miss, Ms, etc)

Surname

First name(s)

All other names you are or have been known by

3 Date of birth

4 Home address

Postcode

E-mail address

Home phone number

5 Have you lived at this address for more than 2 months? Yes  No

6 Business name (if applicable)

Business address (if applicable)

Postcode

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**Details of money adviser**

7 Surname

First name

Unique identification number

*You must complete questions 8 to 16*

- 8 Has the debtor previously applied for or had a debt payment programme or other debt payment plan? Yes  No

*If you answer 'yes', please give details (and previous DAS case number(s) if applicable)*

- 9 Has the debtor 2 or more debts? Yes  No
- 10 Does the debtor have a current trust deed or protected trust deed? Yes  No
- 11 Has the debtor's estate been sequestrated under the Bankruptcy (Scotland) Act 1985 and the debtor not been discharged? Yes  No
- 12 Does the debtor have a Bankruptcy Order made under the Insolvency Act 1986? Yes  No
- 13 Is the debtor subject to a Bankruptcy Restrictions Order under the Insolvency Act 1986? Yes  No
- 14 Is payment of any of the debtor's debts being made under a pre-existing conjoined arrestment order? Yes  No
- 15 Has a creditor attempted to enforce a debt due by the debtor that is not included in a pre-existing conjoined arrestment order? Yes  No
- 16 Does the debtor have any other type of arrestment order? Yes  No

*If you answered 'yes' to question 16 complete questions 17-18. If 'no' go to section 2.*

- 17 Is the arrestment in question 16 an earnings arrestment? Yes  No

*Please complete details of earnings arrestment*

Employer

Business address

Postcode

Employee payroll number

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Date of arrestment

18 Is the arrestment in Q16 any other type? Yes  No

*Please complete details of arrestment*

Name of arrestee

Address of arrestee

Postcode

Sort code   -   -

Account name (if applicable)

Account number (if applicable)

Date of arrestment

Description of property (if applicable)

*If you need to give any other information on arrestments, please use the any other relevant information box in section 5*

**SECTION 2**

**Proposed payment details**

19 Name of approved distributor

20 Repayment option Equal  Pro rata

21 Payment method Direct debit

*(Select appropriate box with a X)* Standing order

Cheque

Postal order

Paypoint

Other (eg smart card - please specify)

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Payment mandate

*If you have selected 'payment mandate', please give the employer's details below*

Name of company or firm	
Surname (if appropriate)	
First name (if appropriate)	
Business address	
Postcode	
Business phone number	
Business e-mail address	

*Please also provide the following details*

Employee NI number	
Employee payroll number	

Payment instalment frequency (select as appropriate)

Weekly  Fortnightly  Monthly  4 Weekly

22 **Total debt**    £   p    Amount offered per instalment    £   p

Amount of final instalment    £   p

Number of instalments   

**23 Breakdown of debts and payments**

	Creditor's name, address (including postcode)	Amount owed	Payment offer (per instalment)	Amount of final instalment	% of total debt
a	<input type="text"/>	£ <input type="text"/> <input type="text"/> p	£ <input type="text"/> <input type="text"/> p	£ <input type="text"/> <input type="text"/> p	<input type="text"/>
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

Type of debt

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

Has this creditor consented? Yes  No

Account in the name of.  Account number  Account sort code  -  -

b  £  p £  p £  p   
  
 Type of debt   
  
 Has this creditor consented? Yes  No

Account in the name of.  Account number  Account sort code  -  -

c  £  p £  p £  p   
  
 Type of debt   
  
 Has this creditor consented? Yes  No

Account in the name of.  Account number  Account sort code  -  -

d  £  p £  p £  p   
  
 Type of debt   
  
 Has this creditor consented? Yes  No

Account in the name of.  Account number  Account sort code  -  -

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e

	£		p	£		p	£		p	

Type of debt

Has this creditor consented? Yes  No

Account in the name of.

Account number

Account sort code  -  -

f

	£		p	£		p	£		p	

Type of debt

Has this creditor consented? Yes  No

Account in the name of.

Account number

Account sort code  -  -

Do you need to list any more creditors? Yes  No  (If 'yes', please use continuation sheet)

**SECTION 3**

**Discretionary conditions**

- 24 The debtor will realise and distribute among the creditors the value of an asset (other than an exempted asset). Yes  No

If you have answered 'yes', please give details

- 25 The debtor will sign and deliver a payment mandate to the employer. Yes  No
- 26 The debtor will seek agreement from a creditor to pay a continuing Yes  No

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liability.

- 27 The debtor will complete and submit, when due, a tax or duty return or declaration. Yes  No
- 28 The debtor will maintain an emergency fund in accordance with section 30, paragraph 4. Yes  No
- 29 The debtor will be bound by any other reasonable condition intended to secure completion of the programme. Yes  No

*If you have answered 'yes', please give details*

#### SECTION 4

##### Creditors' consent and objection

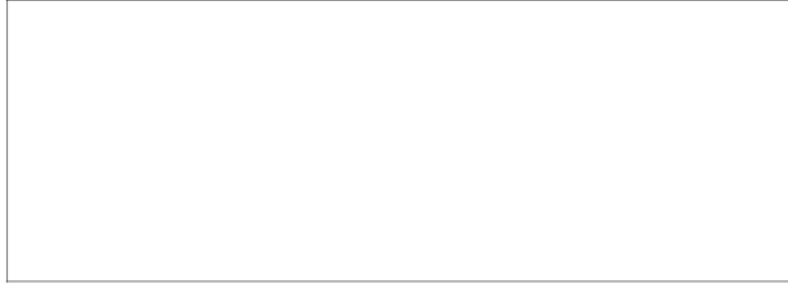
- 30 Has every creditor of the debtor consented to this application? Yes  No

*(If the answer is 'yes', go to section 5, and if 'no' to question 31)*

- 31 Is the amount owed by the debtor to any single non-consenting creditor more than 50% of the total debt in the programme? Yes  No
- 32 Is the amount due to the creditors refusing to consent more than 60% of the total debt in the programme? Yes  No
- 33 Have any of the creditors objected on the grounds that they consider that the debtor should be sequestrated? Yes  No
- 34 Have any of the creditors objected on the grounds that they consider that the debtor is in possession of heritable property with substantial unsecured value? Yes  No

*If the answer is 'yes' to either question 33 or 34, please give full details*

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**SECTION 5**

35 Please give us any other relevant information

**Signature of debtor**

36 I confirm that, to the best of my knowledge, the information contained on this form is complete and accurate.

I apply for approval of the debt payment programme as set out in this application

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

**Declaration by money adviser**

37 I confirm that I have given the debtor money advice for the application they are seeking in accordance with section 3(1) of the Debt Arrangement and Attachment Act 2002

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

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**SECTION 6**

We would be grateful if you could take the time to provide us with the following information for research purposes:

- 38 Gender Male  Female
- 39 To which of these ethnic groups do you consider you belong?
- 40 Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do? Yes  No
- 41 Which of the categories below best describes your current employment situation?
- 42 Would you be willing to be contacted about taking part in future research on how the Debt Arrangement Scheme is working? Yes  No

SCHEDULE 2

Regulation 15 (d)

Regulation 22(2) The Debt Arrangement Scheme (Scotland) Regulations 2004

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

# FORM 4

FORM 4

## PROPOSAL TO CREDITOR FOR A DEBT PAYMENT PROGRAMME

**1 Details of creditor**

Name of company or firm

*(or, if appropriate)*

Surname

First name

Other names

**2 Address**

Postcode

**3 Details of applicant for approval of debt payment programme**

Surname

First name

Other names

**4 Date of birth**

**5 Home address**

Postcode

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

6 Business name (if applicable)

Business address (if applicable)

Postcode

7 **Details of money adviser for applicant**

Surname

First name

8 Money adviser case reference

9 Name of organisation

Business address

Postcode

Business phone number

Email address

**10 Debt due to creditor**

Description of debt (include creditor account or reference number)	Amount owed	Interest, charges & expenses	Total amount due	Period for which debt due
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Continue to list all debts due to the creditor, if more than one)

**Payment offer**  £  p

(Specify amount offered in respect of each debt, if more than one)

**Amount of final payment**  £  p

**Payment frequency** (select as appropriate)

Weekly  Fortnightly  Monthly  4 Weekly

**Number of instalments to be paid under proposed programme**

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

11 Any further information

12 Payments distributor details

Name of payments distributor

13 You are requested to consent to payment of the debt(s) due to you set out in section 10 as stated in that section

Signature

.....

Name

.....

Date

.....

**Important information for creditors**

A fair and reasonable debt payment programme will be approved under Part 1 of the Debt Arrangement and Attachment (Scotland) Act 2002, and the Debt Arrangement Scheme (Scotland) Regulations 2004. If approved, the debt payment programme will protect the applicant from enforcement action, or from sequestration, by you. You should seek legal advice before responding to this notification.

You do not need to consent to the payment offer by the applicant. You are also entitled to object to the debt payment programme. The grounds of objection are that you consider that the applicant should be sequestrated, or is in possession of heritable property with a substantial unsecured value.

If you wish to refuse consent, or to object, then you must contact the money adviser stated in this Notification within 21 days of the date of this notification. If you do not contact the money adviser then you will be deemed to consent to the proposed debt payment programme. There is a form for you to fill in and return to the money adviser below.

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# FORM 5(a)

FORM 5(a)

## NOTIFICATION TO CREDITOR OF APPROVAL OF A DEBT PAYMENT PROGRAMME

**1 Creditor**

Name

Other names (if any)

Business address

Postcode

**2 DAS case number**

 /  / 

**3 Person in debt payment programme**

Surname

First name

Other names

Date of birth

 /  / 

Home address

Postcode

Business name (if applicable)

Business address (if applicable)

Postcode

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

**4 Money adviser**

Surname	<input type="text"/>
First name(s)	<input type="text"/>
Money adviser case reference	<input type="text"/>
Name of organisation	<input type="text"/>
Business address	<input type="text"/>
Postcode	<input type="text"/>
Business phone number	<input type="text"/>
E mail address	<input type="text"/>

**5 Payments distributor**

Name of payments distributor	<input type="text"/>
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**6 Date programme approved**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**7 Notification**

A debt payment programme was approved on the above date under the Debt Arrangement Scheme (Scotland) Regulations 2004

Signature of person giving notice \_\_\_\_\_

Print name \_\_\_\_\_

Date

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# FORM 7(a)

FORM 7(a)

## NOTICE OF RECALL OF AN ATTACHMENT

1	Date of notice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
2	DAS case number	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Details of debtor</b>														
3	Surname	<input type="text"/>												
	First name(s)	<input type="text"/>												
4	Address	<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
	Postcode	<input type="text"/>												
5	Business Name (if applicable)	<input type="text"/>												
	Business address (if applicable)	<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
	Postcode	<input type="text"/>												
<b>Details of person who made the attachment</b>														
6	Surname	<input type="text"/>												
	First name(s)	<input type="text"/>												
7	Address	<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												
		<input type="text"/>												



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

Postcode

**Details of attachment**

8 Date of attachment

9 Details of attachment

A debt payment plan has been approved for the above-named debtor under the Debt Arrangement Scheme (Scotland) Regulations 2004. The attachment we have specified in this notice has been recalled under these regulations. The recall has effect from midnight on *[specify date in accordance with regulation 28(2)]*.

Name of person giving this notice

Signature

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On behalf of the DAS administrator

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

# FORM 8

FORM 8

## APPLICATION FOR VARIATION OF A DEBT PAYMENT PROGRAMME

**SECTION 1**

1 DAS case number

2 Date DPP was approved

**Details of debtor**

3 Title   
Surname   
First name(s)   
All other names debtor known by

Date of birth

Home Address

Postcode

4 Business name (if applicable)   
Business address (if applicable)

Postcode

**5 Money Adviser**

Surname   
First name   
Unique identification number

6 Are you a creditor? Yes  No

*(If you have answered 'yes' to question 6, please complete section 2.  
If you have answered 'no' to question 6, please 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 be completed by a creditor

- 7 Have you tried to agree this variation with the money adviser? Yes  No

*(If you have answered 'no' you cannot apply for a variation. You **must** contact the money adviser first)*

**Your details**

- 8 Your name or business name   
Your address or business address   
  
  
Postcode   
Phone number

**Reasons for variation**

- 9 Is there agreement between the debtor and all creditors taking part in the programme? Yes  No
- 10 Is there agreement between the debtor and any creditor to discharge or waive any sum or interest? Yes  No
- 11 Is there a material change in the circumstances of the debtor? Yes  No
- 12 Has a debt has been omitted from the programme due to mistake, oversight or other reasonable cause? Yes  No
- 13 Is a former future or contingent debt now quantified and due for payment? Yes  No
- 14 Does the debtor need credit for an essential requirement? Yes  No

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15 Provide full details in respect of each of questions 9 to 14 where the answer is 'yes'

16 Have you given a copy of this form to the money adviser, the debtor, and all creditors taking part in the programme? Yes  No

*(An application for variation will not be considered by the DAS administrator unless you answer 'yes' to question 16)*

**Signature of creditor**

17 I apply for a variation of the debt payment programme, as set out in this application

Signature

---

Date

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Position in company (if applicable)

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

**SECTION 3**

Only to be completed by a money adviser on behalf of a debtor

**Grounds of variation**

- 18 Is there agreement between the debtor and all creditors taking part in the programme? Yes  No
- 19 Is there agreement between the debtor and any creditor to discharge or waive any sum or interest? Yes  No
- 20 Is there a material change in the circumstances of the debtor? Yes  No
- 21 Has a debt has been omitted from the programme due to mistake, oversight or other reasonable cause? Yes  No
- 22 Is a former future or contingent debt now quantified and due for payment? Yes  No
- 23 Does the debtor need credit for an essential requirement? Yes  No
- 24 Provide full details in respect of each of questions 18 - 23 where the answer is 'yes'

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

**SECTION 4**

Details of varied proposal

**Nominated payment distributor details (if changed)**

25 Name of approved distributor

**Repayment option** Equal  Pro-rata

26 Payment method  Direct debit  
 (Select appropriate box with a X)  Standing order  
 Cheque  
 Postal order  
 Payment mandate  
 Paypoint  
 Other (please specify below)

**Payment frequency** Weekly   
 (Select appropriate box with a X) Fortnightly   
 4 weekly   
 Monthly

**Total debt** £  p  Amount offered per instalment £  p

Amount of final instalment £  p

Number of instalments

**27 Breakdown of debts and payments**

Creditor's name, address (including postcode)	Amount owed	Payment offer (per instalment)	Amount of final instalment	% of total debt
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a <input type="text"/>	£ <input type="text"/>	p <input type="text"/>	£ <input type="text"/>	p <input type="text"/>	£ <input type="text"/>	p <input type="text"/>	<input type="text"/>
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							

Type of debt

Has this creditor consented? Yes  No

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b

	£		p	£		p	£		p	
Type of debt <input type="text"/>										
Has this creditor consented? Yes <input type="checkbox"/> No <input type="checkbox"/>										

c

	£		p	£		p	£		p	
Type of debt <input type="text"/>										
Has this creditor consented? Yes <input type="checkbox"/> No <input type="checkbox"/>										

d

	£		p	£		p	£		p	
Type of debt <input type="text"/>										
Has this creditor consented? Yes <input type="checkbox"/> No <input type="checkbox"/>										

e

	£		p	£		p	£		p	
Type of debt <input type="text"/>										
Has this creditor consented? Yes <input type="checkbox"/> No <input type="checkbox"/>										

f

	£		p	£		p	£		p	
Type of debt <input type="text"/>										
Has this creditor consented? Yes <input type="checkbox"/> No <input type="checkbox"/>										

g

	£		p	£		p	£		p	
Type of debt <input type="text"/>										
Has this creditor consented? Yes <input type="checkbox"/> No <input type="checkbox"/>										

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

Do you need to list any more creditors? Yes  No  (If 'yes', please use continuation sheet)



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**SECTION 5**

28 Has a copy of this form been given to each creditor taking part in the debt payment programme? Yes  No

*(An application for variation will not be considered by the DAS administrator unless you answer 'yes' to the question 28)*

29 Please give us any other relevant information

**Declaration by money adviser**

30 I confirm that I have given the debtor money advice in respect of the variation sought, in accordance with section 3(1) of the Debt Arrangement and Attachment (Scotland) Act 2002

Signature..... Date

**Signature of debtor**

31 I apply for a variation of the debt payment programme, as set out in this application

Signature..... Date

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

# 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

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

- 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) \_\_\_\_\_

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

**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