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## SCHEDULE 1

Regulation 47

The Debt Arrangement Scheme (Scotland) Regulations 2004 FORM 12REPORT OF COMPLETION BY A PAYMENTS DISTRIBUTOR

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1	Date of Report (dd/mm/yyyy)					
2	Unique CMS Identifier					
3	Debtor Surname					
	First Name					
	Other Names					
	Home Address					
4	Money Adviser Surname					
	First Name					
	Other Names					
	Organisation name and business address					
5	Payments Distributor Name of firm or company					
	Address					
,	Data of assessed of Data					
6	Date of approval of Debt Payment Programme (dd/mm/yyyy)					
7	Date Debt Payment Programme completed (dd/mm/yyyy)					