

SCHEDULE 1

Regulation 2(2)

ARRANGEMENT OF FORMS

1. Application for approval as a money adviser
 2. Application for approval as a payments distributor
 3. Application for approval of a debt payment programme
 4. Notification to creditor of application for approval of a debt payment programme
 5. Notification of approval of a debt payment programme
 6. Payment instruction to employer
 7. Notice of recall of an arrestment
 8. Application for variation of a debt payment programme
 9. Notification to creditor of determination of variation
 10. Application for revocation of a debt payment programme
 11. Notification of revocation
 12. Report of completion by a payments distributor
 13. Notice of completion by money adviser
 14. Confirmation of completion by DAS administrator
 15. Notification to creditor of completion of a debt payment programme
- Signature
Explanatory Note

Regulation 8(1)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 1 **APPLICATION FOR APPROVAL AS MONEY ADVISER**

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

1	Date of Application (dd/mm/yyyy)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
2	Details of Money Adviser									
	Surname	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	First Name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	Other Names	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
3	Name of Organisation	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	Business Address	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	Postcode	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	Business phone number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	E mail address	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
4	MATRICS Certificate Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
5.	Details of money adviser training (if no MATRICS certificate)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Regulation 13(1)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 2 APPLICATION FOR APPROVAL AS PAYMENTS DISTRIBUTOR

1 Date of Application (dd/mm/yyyy)

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2 Details of Payment Distributor

Name of Organisation									
Business Address									
Business phone number	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>								
E-mail address	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>								

6 Declaration

I certify that this organisation meets the requirements of Schedule 5 of the Debt Arrangement Scheme (Scotland) Regulations 2004 and attach the necessary supporting documentation

Signature

Name

Position held

Date

Regulation 20(2)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 3 APPLICATION FOR APPROVAL OF A DEBT PAYMENT PROGRAMME

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

SECTION 1

1 **Date of Application**
(dd/mm/yyyy)

2 **Money Adviser Case Number**

3 **Details of Applicant**

Gender Female Male

Surname

First Name

Other Names

4 **Date of Birth**

5 Home Address

Postcode

6 Business Address (if applicable)

--

Postcode

7 **Details of Money Adviser**

Surname

--

First Name

--

Other Names

--

DAS Approval Number

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8 Name of Organisation

--

Business Address

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Postcode

--

Business phone number

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E mail address

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Questions 9 to 18 must be completed

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

- 9 Has the applicant 2 or more debts? Yes No
- 10 Is the applicant party to any trust deed? Yes No
- 11 Has the applicant's estate been sequestrated and the applicant not been discharged under Section 54 (automatic discharge after 3 years) or 75 (amendments, repeals and transitional provisions) of the 1985 Act? Yes No
- 12 Is payment of any of the applicant's debts being made under a pre-existing conjoined arrestment order? Yes No
- 13 Has a creditor attempted to enforce a debt due by the applicant that is not included in a pre-existing conjoined arrestment order? Yes No
- 14 Has the applicant agreed in writing that a debt not legally constituted is due for payment? Yes No

SECTION 2

15 Details of debts

Description of debt	Name and address of creditor (including postcode)	Amount owed	Period for which debt due	Percentage of total debt
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.
(Continue to list all applicable debts)

Total amount owed £

Payment offer £
(specify amount offered in respect of each creditor in the proposed programme)

Payment frequency
(select as appropriate)

Weekly

Fortnightly

Monthly

4 Weekly

Period in which debts will be paid under proposed programme

16 Nominated Payment Distributor Details

Name of Distributor
(Must be approved for the purpose of the Debt Arrangement Scheme)

17 Payment method (Select appropriate box with a X)

Direct debit

Standing order

Cheque

Postal order

Other (e.g. smart card etc.)

18 Has every creditor of the applicant consented to this application? Yes No

(If the answer to Q is Yes move to Q19, and if no to Q21)

19 Is the amount owed by the applicant to any one non-consenting creditor 50% or more than the total debt included in the programme? Yes No

20 Is the amount due to all creditors refusing to consent 60% of the total debt included in the programme? Yes No

21 Have objections been received from a creditor/creditors? Yes No

(If the answer is yes, then go to Q22, if no then to go to end of form)

22 Grounds of objection are

(a) The creditor considers that the applicant should be sequestrated Yes No

(b) The creditor considers that the applicant is in possession of heritable property with substantial unsecured value Yes No

SECTION 3

23 Are any earnings subject to an earnings arrestment? Yes No

24 Has any sum due to, or property held on behalf of, the applicant been arrested? Yes No

- 25 Is there any conjoined arrestment order? Yes No
- 26 Is there any other deduction from income order or agreement (e.g. a student loan deduction from earnings order)? Yes No

(If the answer to any of Q23 to 26 is yes, then provide full details)

SECTION 4

- 27 Use this section to provide any further information considered relevant to the application for approval.

Signature of applicant

- 28 I apply for approval of the debt payment programme set out in this application Signature

Declaration by Money Adviser

- 29 I confirm that I have given the applicant money advice in accordance with section 3 (1) of the Debt Arrangement and Attachment Act 2002 Signature

Regulation 22(2)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 4NOTIFICATION TO CREDITOR OF APPLICATION FOR APPROVAL OF A
DEBT PAYMENT PROGRAMME

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5 Home Address

Postcode

6 Business Address (if applicable)

Postcode											
7 Date of application for approval of the programme (dd/mm/yyyy)											
8 Details of Money Adviser for applicant											
Surname											
First Name											
Other Names											
9 Money adviser case reference	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> </tr> </table>										
10 Name of Organisation											
Business Address											
Postcode											
Business phone number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> </tr> </table>										
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11 **Debt due to creditor**

Description of debt <i>(include creditor account or reference number)</i>	Amount owed	Interest, charges and expenses	Total amount due	Period for which debt due
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(Continue to list all debts due to the creditor, if more than one)

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Payment offer £

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

Payment frequency
(select as appropriate)

Weekly

Fortnightly

Monthly

4 Weekly

Period in which debt(s) will be paid under proposed programme

12 Payment distributor details

Name of payments distributor

Declaration by Money Adviser

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, or name of person intimating this form

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.

Regulations 31(4) and 35(2)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 5 NOTIFICATION OF APPROVAL OF A DEBT PAYMENT PROGRAMME

1 CREDITOR

Name of company or firm

(or, if appropriate)

Surname

First Name

Other Names

Address

Postcode

2 DEBTOR

Surname

First Name

Other Names

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Address

Postcode

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

Business Address (if applicable)

--

Postcode

3 **DATE OF APPROVAL**
(dd/mm/yyyy)

--

4 **MONEY ADVISER**

Surname

--

First Name(s)

--

Money adviser case reference

--	--	--	--	--	--	--	--	--	--

Name of Organisation

--

Business Address

--

Postcode

--

Business phone number

--	--	--	--	--	--	--	--	--	--

E mail address

--	--	--	--	--	--	--	--	--	--

5 DEBT

(Complete where, and as, appropriate)

Description of debt <i>(include any creditor account or reference number)</i>	Amount owed	Interest, charges and expenses	Total amount due
--	-------------	--------------------------------	------------------

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

Approved Payment £

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

Payment frequency
(select as appropriate)

Weekly

Fortnightly

Monthly

4 Weekly

Period in which debt(s) will be paid under proposed programme

Discretionary conditions attached to the programme (if any)

6 PAYMENTS DISTRIBUTOR

Name of payments distributor

7 NOTIFICATION

You are notified that the debtor specified in this notice is taking part in a debt payment programme approved under the Debt Arrangement Scheme (Scotland) Regulations 2004	Signature, or name of person sending this notice
---	--

Date

IMPORTANT INFORMATION FOR CREDITORS

The debt arrangement scheme is constituted under Part 1 of the Debt Arrangement and Attachment (Scotland) Act 2002. The Debt Arrangement Scheme (Scotland) Regulations 2004 specify the circumstances in which a debt payment programme may be approved under that scheme. An approved debt payment programme protects the applicant from enforcement action, or from sequestration, by most creditors. You may wish to obtain legal advice about the effect of such approval in general, and of this notice in particular.

Regulation 33(1)

The Debt Arrangement Scheme (Scotland) Regulations 2004

FORM 6 PAYMENT INSTRUCTION TO EMPLOYER

1	Date of Instruction <i>(Dd/mm/yyyy)</i>	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>										
2	Unique CMS Identifier	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>										
3	Payment amount	£ <table border="1" style="border-collapse: collapse;"><tr><td style="width: 150px; height: 20px;"></td></tr></table>										
4	Employee/debtor details											
	Surname	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 350px; height: 25px;"></td></tr></table>										
	First Name	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 350px; height: 25px;"></td></tr></table>										
	Other Names	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 350px; height: 25px;"></td></tr></table>										
	Pay reference <i>(If known)</i>	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 350px; height: 20px;"></td></tr></table>										
	National Insurance No	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>										
	Home Address	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 350px; height: 25px;"></td></tr><tr><td style="width: 350px; height: 25px;"></td></tr><tr><td style="width: 350px; height: 25px;"></td></tr><tr><td style="width: 350px; height: 25px;"></td></tr></table>										
5	Employer details											
	Name of company or firm <i>(and/or if appropriate)</i>	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 350px; height: 25px;"></td></tr></table>										

Surname	<input type="text"/>
First Name	<input type="text"/>
Business address	<input type="text"/>
Daytime Telephone No	<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"/> <input type="text"/> <input type="text"/>
6 Money Adviser	
Surname	<input type="text"/>
First Name(s)	<input type="text"/>
Organisation name and business address	<input type="text"/> <input type="text"/>
7 Payment Distributor	
Name	<input type="text"/>
Business address	<input type="text"/>

The employee/debtor specified in section 4 instructs you to deduct the sum specified in section 3 from the net earnings of the employee/debtor from the next payday and at each payday thereafter, and pay it as soon as reasonably practicable to the payment distributor specified in section 7, quoting the Unique Reference Number on this mandate.

Deductions should be made until the total sum of £(insert amount) has been paid, or until notice of recall of this instruction if earlier.

It is your duty under section 6 of the Debt Arrangement and Attachment (Scotland) Act 2002 to comply with this instruction. You are entitled, by virtue of regulation 33 of the Debt Arrangement Scheme (Scotland) Regulations 2004 to charge a fee equivalent to the fee chargeable under section 71 of the Debtors (Scotland) Act 1987.

Signature, or name of person giving this notice

Date

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Regulation 35(1)

The Debt Arrangement Scheme (Scotland) Regulations 2004

FORM 7 NOTICE OF RECALL OF AN ARRESTMENT

1 Date
(Dd/mm/yyyy)

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2 Unique CMS Identifier

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3 Debtor

Surname

--

First Name

--

Other Names

--

Home Address
(include business address, if applicable)

--

4 Money Adviser

Surname

--

First Name(s)

--

Organisation name and business address

--

5 Party in possession of the funds or property

Surname, or name of firm and company

--

First Name(s)
(if applicable)

--

Organisation name and business address

--

6 Details of funds or property arrested

--

Account No, if any

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7 Date of Arrestment
(Dd/mm/yyyy)

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A debt payment programme has been approved for the above named debtor in terms of the Debt Arrangement Scheme (Scotland) Regulations 2004. The arrestment specified in this notice has been RECALLED in terms of regulation 35(1)(a) of those Regulations.

Signature, or name of person giving this notice

Date

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Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 8 APPLICATION FOR VARIATION OF A DEBT PAYMENT PROGRAMME

SECTION 1

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

--	--	--	--	--	--	--	--

2 **Unique CMS Identifier**

--	--	--	--	--	--	--	--	--	--	--

3 **Debtor**

Surname

--

First Name

--

Other Names

--

Date of Birth

--	--	--	--	--	--	--	--

Home Address

--

Business Address
(if applicable)

--

4 **Money Adviser**

Surname

First Name(s)

Organisation name and business address

Daytime Telephone No

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SECTION 2

Grounds of variation

- | | | | | | |
|---|--|-----|--------------------------|----|--------------------------|
| 5 | There is agreement between the debtor and each creditor taking part in the programme | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | There is agreement between the debtor and any creditor to discharge or waive any sum or interest | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | There is a material change in the circumstances of the debtor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8 | A debt has been omitted from the programme due to mistake, oversight or other reasonable cause | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9 | A former future or contingent debt is now quantified and due for payment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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10 The debtor requires credit for an essential requirement

Yes No

11 Provide full details in respect of each of Q 5 to 10 where the answer is yes, including details of proposed changes to the payment or period of the programme

SECTION 3

12 Use this section to provide any further information considered relevant to the application for variation

SECTION 4

13 In a debtor application, a copy of this form has been given to each creditor taking part in the debt payment programme

Yes No

14 In a creditor application, a copy of this form has been given to the debtor, and to each creditor taking part in the programme

Yes No

(An application for variation may not be considered by the DAS administrator unless you answer yes to both Q 13 and 14)

SECTION 5

Declaration by money adviser

(Only applies where the debtor is applying for variation)

15 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

Signature of applicant

16 I/we apply for approval of the variation of the debt payment programme, as set out in this application

Signature

Regulation 40 (4)

The Debt Arrangement Scheme (Scotland) Regulations 2004

FORM 9NOTIFICATION TO CREDITOR OF DETERMINATION OF VARIATION

1 Unique CMS identifier

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2 **Creditor**

Surname, or name of firm or company

--	--	--	--	--	--	--	--

First Name(s)

--	--	--	--	--	--	--	--

Business Address

--	--	--	--	--	--	--	--

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--	--	--	--	--	--	--	--

Postcode

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Account or Reference No

--	--	--	--	--	--	--	--

3 **Debtor**

Surname

--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--

Other Names

--	--	--	--	--	--	--	--

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Home and (if applicable)
Business Address

Postcode

--	--	--	--	--	--	--	--

3 The DAS Administrator has

Approved the variation to the debt payment programme

The varied programme will commence with effect from

--	--	--	--	--	--	--	--

Expected completion date of debt payment programme

--	--	--	--	--	--	--	--

The amended payment rate (If applicable)

--	--	--	--	--	--	--	--

Conditions attached to the debt payment programme (If any)

--	--	--	--	--	--	--	--

Rejected the variation to the debt payment programme.

Reason(s) for the rejection is/are

--	--	--	--	--	--	--	--

4 Money Adviser

Surname

--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--

Organisation name and business address

Postcode

--	--	--	--	--	--	--	--

5 Date notification issued by Money adviser

--	--	--	--	--	--	--	--

Regulation 42(2)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 10 APPLICATION FOR REVOCATION OF A DEBT PAYMENT PROGRAMME

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

--	--	--	--	--	--	--	--	--	--

2 **Unique CMS Identifier**

--	--	--	--	--	--	--	--	--	--	--	--

3 **Debtor**

Surname

--

First Name

--

Other Names

--

Date of Birth

--	--	--	--	--	--	--	--

Home Address

--

Business Address
(If applicable)

--

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

4 Money Adviser

Surname	
First Name(s)	

Home Address	
--------------	--

Organisation name and business address	
--	--

Daytime Telephone No											
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5 Date of approval of debt payment programme (Dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--

6 Applicant

Surname	
First Name	
Other Names	

Address	
---------	--

The applicant is the debtor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The applicant is a creditor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The Debtor has a money adviser	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

7 Grounds for revocation

(References are to regulations of the Debt Arrangement Scheme (Scotland) Regulations 2004)

- A The debtor has failed without reasonable cause to satisfy a condition under regulation 29
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (a) To make all payments under a programme as they fall due
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (b) To pay a continuing liability when due for payment
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (c) Except for a continuing liability, to make no additional payment to a Creditor taking part in a programme
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (d) To not seek or obtain credit beyond that permitted by regulation 35(1)(b) or by a variation of a programme under regulation 39
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (e) To notify the Money Adviser for a programme of any
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (i) Change of address; and
- (ii) Material change of circumstances
- (f) To supply the Money Adviser for a programme with any information or documentation
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- B The debtor has failed without reasonable cause to satisfy a condition under regulation 30
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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- (a) That the debtor shall realise and distribute amongst the creditors the value of any asset
Yes No

- (b) That the debtor shall sign and deliver a payment instruction to an employer
Yes No

- (c) That the debtor shall seek agreement from a creditor to pay a continuing liability under regulation 34
Yes No

- (d) That the debtor shall complete and return when due a tax or duty return or declaration
Yes No

- (e) That the debtor shall maintain an emergency fund
Yes No

- (f) That the debtor is in breach of any other condition of the programme
Yes No

- C The debtor has made a statement in an application under the Regulations which the debtor knows to be untrue
Yes No

- D An instalment due under the programme is due, and there remains unpaid a sum, due under previous instalments, of not less than the aggregate of two instalments
Yes No

Use this space to provide any further information considered relevant to the application for revocation

Application

I/we apply for revocation of the debt payment programme, as set out in this application

Signature, or name and designation of person making this application

Regulation 45(3) and (4)

The Debt Arrangement Scheme (Scotland) Regulations 2004

FORM 11 NOTICE OF REVOCATION

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

--	--	--	--	--	--	--	--	--	--

2 **Unique CMS Identifier**

--	--	--	--	--	--	--	--	--	--	--

3 **Debtor**

Surname

--

First Name

--

Other Names

--

Home Address

--

Business Address
(If applicable)

--

4 **Creditor**

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

Surname									
First Name									
Other Names									
Organisation name and business address									
5 Date of approval of programme (Dd/mm/yyyy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
6 Date programme revoked (Dd/mm/yyyy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
7 Reason(s) programme revoked									
8 Date notice of revocation issued by money adviser or DAS administrator (Dd/mm/yyyy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

IMPORTANT INFORMATION

The debt arrangement scheme is constituted under Part 1 of the Debt Arrangement and Attachment (Scotland) Act 2002. The Debt Arrangement Scheme (Scotland) Regulations 2004 specify the circumstances in which a debt payment programme may be revoked under that scheme. An approved debt payment programme protects the applicant from enforcement action, or from sequestration, by most creditors. On revocation, those protections cease to apply. You may wish to obtain legal advice about the effect of such revocation in general, and of this notice in particular.

Regulation 47

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

1	Date of Report <i>(Dd/mm/yyyy)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>										
2	Unique CMS Identifier	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>										
3	Debtor											
	Surname	<input style="width: 100%; height: 20px;" type="text"/>										
	First Name	<input style="width: 100%; height: 20px;" type="text"/>										
	Other Names	<input style="width: 100%; height: 20px;" type="text"/>										
	Home Address	<input style="width: 100%; height: 60px;" type="text"/>										
4	Money Adviser											
	Surname	<input style="width: 100%; height: 20px;" type="text"/>										
	First Name	<input style="width: 100%; height: 20px;" type="text"/>										
	Other Names	<input style="width: 100%; height: 20px;" type="text"/>										
	Organisation name and business address	<input style="width: 100%; height: 60px;" type="text"/>										
5	Payments Distributor											
	Name of firm or company	<input style="width: 100%; height: 20px;" type="text"/>										
	Address	<input style="width: 100%; height: 60px;" type="text"/>										
6	Date of approval of Debt Payment Programme <i>(Dd/mm/yyyy)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>										
7	Date Debt Payment Programme completed <i>(Dd/mm/yyyy)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>										

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Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

Regulation 49

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 13 NOTICE OF COMPLETION BY MONEY ADVISER

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

--	--	--	--	--	--	--	--

2 **Unique CMS Identifier**

--	--	--	--	--	--	--	--	--	--

3 **Debtor**

Surname

--

First Name

--

Other Names

--

Home Address

--

Business Address
(If applicable)

--

4 Money Adviser

Surname

First Name(s)

Organisation name and business address

Daytime Telephone No

Debt payment programme

5 Date of approval of programme

6 Amount of debt included in programme

7 A report has been received from the payment distributor advising that the Debt Approval programme was completed

Yes No

8 The creditors in the Debt Approval programme have agreed in writing to completion before the end of the period of the programme

Yes No

9 Use this space to provide any other information relevant to the completion of the programme

Regulation 49(1)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 14CONFIRMATION OF COMPLETION BY DAS ADMINISTRATOR

Draft Legislation: This is a draft item of legislation. This draft has since been made as a Scottish Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

1	Date <i>(Dd/mm/yyyy)</i>	
2	Unique CMS Identifier	
3	Debtor	
	Surname	
	First Name	
	Other Names	
	Home Address	
	Business Address <i>(If applicable)</i>	
4	Money Adviser	
	Surname	
	First Name(s)	
	Organisation name and business address	
	Daytime Telephone No	
5	Date of approval of programme <i>(dd/mm/yyyy)</i>	
6	Date of completion of programme <i>(dd/mm/yyyy)</i>	

The Debt Arrangement Scheme (Scotland) Regulations 2004 provide for repayment of debts under debt payment programmes approved by the DAS administrator. The debt payment programme specified in this notice has been completed on payment of the debts in the programme

Regulation 49 (2)

The Debt Arrangement Scheme (Scotland) Regulations 2004
FORM 15 NOTIFICATION TO CREDITOR OF COMPLETION OF A DEBT PAYMENT PROGRAMME

1 **Unique CMS Identifier**

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2 **Debtor**

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Names

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business address
(if appropriate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Statutory Instrument: The Debt Arrangement Scheme (Scotland) Regulations 2004 No. 468

Postcode

--	--	--	--	--	--	--	--	--	--	--	--

3 Creditor

Surname, or name of firm or company

--	--	--	--	--	--	--	--	--	--	--	--

Business address

--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--

Account or other reference number

--	--	--	--	--	--	--	--	--	--	--	--

4 Money adviser

Surname

--	--	--	--	--	--	--	--	--	--	--	--

First Name(s)

--	--	--	--	--	--	--	--	--	--	--	--

Organisation name and business address

--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--

5 Date of approval of programme

--	--	--	--	--	--	--	--	--	--	--	--

6 Sum repaid under programme

£

--	--	--	--	--	--	--	--	--	--	--	--

7 Date of completion of programme

--	--	--	--	--	--	--	--	--	--	--	--

Date
(Dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--