SCHEDULE 1

ARRANGEMENT OF FORMS

Regulation 49 (2)

1

2

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

Unique CMS Identifier						
Debtor						
Surname						
First Name						
Other Names						
Home Address						
Postcode						
Business address						
(if appropriate)						

	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)						