

**Instruction to transfer-up  
(if necessary) and enforce a Judgment by Writ of Control**

Contact Name \_\_\_\_\_ Your Ref \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Authorisation**

I confirm that the debt is not regulated by the Consumer Credit Act 1974 and I authorise Direct Collection Bailiffs Limited to obtain (if applicable) and enforce a High Court Writ of Control.

Court Claim Number \_\_\_\_\_ For the amount of \_\_\_\_\_

**Claimant Details**

Claimant Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Defendant Details**

Defendant Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Additional defendant details: any known assets, vehicles and registration number, alternate addresses, places of work and additional contact details (phone/fax/email details). Please use additional sheet if necessary.

**Signature**

By signing this authorisation you hereby agree to our terms and conditions.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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