Authority to Transfer Up

Are you the Claimant or are you acting on behalf of the Claimant?

☐   The Claimant – The Party that is owed the money (as appears on the Judgment).

☐   Acting on behalf of the Claimant

About You & The Judgment

Your Name: (The Claimant)*	
Your Name: (Acting on behalf of the Claimant)*	
Company Name: (If applicable)	
Your Address Line: 1*	
Your Address Line: 2	
Your Town / City:*	
Your Postcode:*	
Your Internal Reference: (If applicable)	
Telephone:*	
Email:*	
County Court Claim No:*	
Is the Claimant VAT registered:* If **Yes,** please supply number below	
VAT Number:	
Claimant Name:* (as appears on judgment or order)	

About The Defendant

Name:*	
Company Name: (If applicable)	
Address/s provided to the court for issue of judgment.	
Address Line 1:*	
Address Line 2:	
Town / City:*	
Postcode:*	
Second Address	
Address Line 1:	
Address Line 2:	
Town / City:	
Postcode:	

Is the name/address of the creditor/debtor different to the request for the issue of the judgment?		
Yes or No	**If Yes,** As per CPR 83.10, in circumstances where there has been a change of address of a party, a witness statement must be filed with the request for a writ. The statement must confirm that the name and address of the debtor detailed in the request is being sued as the name and address of the debtor detailed in the judgment or order. Please provide address for enforcement below.	

Address for Enforcement	
Address Line 1:*	
Address Line 2:	
Town / City:*	
Postcode:*	
Telephone: (If known)	
What does the debt relate to?	
Useful Information:*	

Have you previously used any of DCBL's service for the named defendant?	Yes / No	If yes, please provide reference number:
Any Additional Addresses		

Authorisation

☐	I authorise Direct Collection Bailiffs Ltd of Direct House, Greenwood Drive, Manor Park, Runcorn, Cheshire, WA7 1UG to sign Form N293A and obtain a Writ of Control on my behalf. I have also read understood and agreed to DCBL's Terms and Conditions

Print Name	
Signature	
Date	