

# 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)	
Contact Name:	
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 <b>Yes</b> please supply number below	
VAT Number:	
Claimant Name:*	
(as appears on judgment or order)	

## About The Defendant

Name:*	
Company Name: (If applicable)	
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		
Repossession Only		
Combined Writ of Control & Possession		

**Authorisation**

<input type="checkbox"/>	I authorise Direct Collection Bailiffs Limited to sign any court form on my behalf that is necessary for the purpose of enforcing my Judgment Order. I have also read, understood and agreed to DCBL's <u>Terms &amp; Conditions</u> .
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<b>Print Name</b>	
<b>Signature</b>	
<b>Date</b>	