

# Authority to Transfer Up

If you require any assistance whilst completing this instruction form, please call us on 0203 2980201 and choose Option 1.

## 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 <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)		
<b>Please confirm the address used to enter judgment against the defendant (address used on the claim form)</b>		
Address Line 1:*		
Address Line 2:		
Town / City:*		
Postcode:*		
Has the debtor moved or changed address since judgment was entered.	Yes / No	If yes, please provide new address:
Any Additional Addresses		

What does the debt relate to?	
Useful Information: e.g any known assets, vehicles belonging to debtor?	
Have you previously instructed DCBL or any other company to enforce a writ or warrant in respect of this judgment in the last 12 months?	Yes / No
Since judgment was entered has the debtor made an application to court to set judgment aside?	Yes / No

### Authorisation

<input type="checkbox"/>	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
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<b>Print Name</b>	
<b>Signature</b>	
<b>Date</b>	