CROSKERRYS

SOLICITORS • COMMISSIONERS FOR OATHS

DEBT RECOVERY INSTRUCTION FORM

Client Name : _____

Address : _____

: _____

Description : _____

Debtor name : _____

Address : _____

: _____

Occupation : _____ *Phone Number* : _____

Registered Number : _____ *(If Debtor is a Limited Company)*

Balance Due: €_____ *Additional Amount:* €_____

(Please specify if debt is due in currency other than Euro)

*Your Reference Number:*_____

*Type of Debt: (Example Goods Supplied)*_____

*Date of Agreement (If Any):*_____

Is this Agreement regulated by the Consumer Credit Act 1995? ☐ *Yes* ☐ *No*
(If so, please supply a copy of the Agreement).

Do you want preliminary advice? ☐ *Yes* ☐ *No*
(If so, please supply sufficient information on which we can advise).

Please complete this form in block capitals. It forms the basis of your instructions to us. If the debt is due on foot of a written agreement please furnish a copy.

Date:_____ **Signed:** _____

Croskerrys Use Only

Client Code	Plaintiff	Account Number

Court Code							LBA Type	Debt Type		