



Debt Collection Request Form

PLEASE COMPLETE FORM IN **FULL** AND IN **BLOCK CAPITALS**

PRIVATE & CONFIDENTIAL

Office use

Kingston Collections
PO BOX 969 Hull East Yorkshire HU7 9AU

Section 1 - Client details

Clients name
Address
Telephone number Fax
Email Client Acc

Section 2 - Debtor details

Debt Collection Trace Please tick service required

Name or Company and last known address	Employment details (If applicable)
Full Name	Employer
Last Known Address	Address
.....
Post Code
Telephone Number
Date of birth	Post Code.....
Amount outstanding £.....	Telephone
Date of last payment	Fax

Section 3 - Previous address and additional information

Previous Address (If applicable)	Next of Kin/Guarantor Supply address if known
.....
.....
.....
..... Post Code.....	Telephone.....

Section 4 - Important Information

Please provide additional information below, which would include the nature of the debt. If this instruction is a trace please advise why you believe the debtor is no longer at the address

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.....

Authorised by: Date:

***PLEASE ENSURE THAT YOU HAVE ATTACHED PROOF OF DEBT WITH THIS INSTRUCTION SUCH AS A STATEMENT**