

Consumer Debt Form

(Please note any fields marked * are mandatory fields)

YOUR DETAILS

Company name: _____

Full Name*: _____ Contact Person: _____

Email: _____ Phone No*: _____

Address*: _____

Your bank account number (for direct credits) *: ____ - ____ - ____ - ____

Your Reference*: _____

DEBTOR DETAILS

First Name*: _____ Surname*: _____

Middle Name: _____ Gender*: _____

Date of Birth: _____ Email: _____

Mobile Phone No: _____ Phone No: _____

Employer: _____ Employer Phone No: _____

Debtors current address (if known): _____

Debtors previous addresses (if known):

Any other information that may be of help collecting the debt i.e debtor's relatives contact details:

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DEBT DETAILS

Do you have a debt collection clause (please tick the answer) *? Yes No

Amount owing*: _____

Court order number: _____

Date incurred/Invoice date: _____

Pricing Options (please tick the circle next to the option you would like) *:

- Option 2** - Debt Size \$700+. Registration Fee \$60 + GST. CIA commission rate of 25% + GST.
- Option 3** - Debt Size \$2,000+. No Registration fee. C.I.A commission rate of 30% commission.
- Option 4** - Any Debt Size. No Registration fee. C.I.A commission rate of 40% commission.

By accepting these terms, you agree to authorise CIA Debt Recovery Ltd to act as your agent in the above matters and agree to make payment of all charges and costs in accordance with the terms and conditions.

You agree to not proceed to legal action, nor take independent action by another means through an agency or, on your own accord, against this debtor without first consulting CIA Debt Recovery Ltd.

If you do take independent action or/and if any monies are paid to you or your agent, by the debtor, CIA Debt Recovery Ltd will invoice you for the full commission that relates to the option you have chosen above and any subsequent enforcement costs.

- I have read and accept CIA Debt Recovery Group Limited's terms and conditions*

Your Full Name*: _____

Date*: _____

Signature*: _____