

OUR INSTRUCTIONS to **C.I.A.- REPOSSESSION**

Our reference No: _____

PLEASE COMPLETE ONE FORM FOR EACH REPOSSESSION

Name of Debtor	Date of Birth
Known aliases	Gender
Vehicle rego #	

Arrears	\$
Penalty interest	\$
Repossession & Trace fees	\$ 300.00
Towage	\$ 75.00
	\$
	\$
Subtotal	\$
Less paid	\$
Less other credit	\$
Total to recover	\$

Current home address and/or phone	
Business address and/or phone	
Car registration number(s)	
WINZ number	
Bank account number	
Any other helpful details	
Description of debtor (e.g. 5'10" tall, tattoos, distinguishing features)	

OUR SPECIFIC INSTRUCTIONS	Repossession
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Our Details	Your email Address:		
Company/Name:		Phone:	
Postal Address:		Fax:	
Physical address:		Position:	
Contact person:		Date	
Signature			
My bank account number for direct credit of any proceeds of recovery	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		

I/We authorise The C.I.A. Debt Recovery Group Ltd to act as our agents in the above matters and agree to make payment of all charges and costs in accordance with The C.I.A. Debt Recovery Group Ltd current terms and conditions. I/We agree to not proceed to legal action, nor take independent action by any other means through agency or on my/our own accord, against this debtor without first notifying The C.I.A. Debt Recovery Group Ltd.
If I/we do take independent action, I/we know we will be liable and be invoiced for the whole commission that relates to the option I have chosen above and any subsequent enforcement costs.
Form date 15.2.10