



# Debt Collection Request Form

PLEASE COMPLETE FORM IN FULL AND IN BLOCK CAPITALS

PRIVATE & CONFIDENTIAL

Office use

Kingston Collections  
PO BOX 422 Hull East Yorkshire HU9 9BF

## Section 1 - Client details

Client 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.

.....  
.....  
.....  
.....

Authorised by: ..... Date: .....

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