



24 Hour Bailiffs Limited Instruction Form

WARRANT OF CONTROL Commercial Rent Arrears Recovery

Tribunals Courts and Enforcement Act 2007, providing authorisation under section 73(8) to exercise Commercial Rent Arrears Recovery and Taking Control of Goods Regulations (2013).

I/We hereby authorise any enforcement under the instruction of 24 Hour Bailiffs Ltd of Waterham Business Park, Highstreet Road, Faversham, Kent, ME13 9EJ to commence a Schedule 12 procedure against my/our tenant including Taking Control of Goods, chattels and effects in or upon the premises or on the highway.

I/We hereby authorise and empower you as enforcement agents to take control of goods, chattels and effects found in or upon the premises in the tenure or occupation of:

Name of Tenant:
(As it appears on the lease)

Name of Debtor's Business:

Debtor's Contact Number:
(If Known)

Premises situated at:

Name of Landlord:

Total Amount owed
(to Landlord):

Amount of Pure Rent owed:
(This must be no less than 7 day's pure rent net of VAT and interest)

Amount of VAT Owed:

Amount of Interest Owed:
At a daily rate of:
Rent Due From: Rent Due To:

Total Amount to be collected:

As Authorised By:
(Signature)

Name:
Address:
Telephone Number:

and to proceed therein for the recovery of the said pure rents and costs of executing CRAR as the law directs; and for doing this, shall be your sufficient warrant, authority and indemnification against all actions at law, as well as against all costs, charges, expenses and legal disbursements, which you may incur or be liable to pay by reason of your executing this warrant, and hereby undertake not to hold 24 Hour Bailiffs Ltd or its subsidiaries accountable for any goods forcibly or clandestinely removed. Should any cheque or credit card payment collected by 24 Hour Bailiffs Ltd be recalled by the bank or the credit card company after you have paid funds over to us and reasons beyond your control, we shall repay those funds to you immediately and deem rent to be still unpaid.

I Confirm My Agreement to the Indemnity Clause Above

As Authorised By:
(Signature)

Authorised By:
(Authorised persons are representatives or company that has been given express consent by the landlord to act on their behalf in relation to the outstanding rent arrears).

Name:
Address:
Telephone Number:

Any other information:

Please Note: This information will not be used for any other purposes other than the instructions of the client and will not be passed on to any third party, agent or contractor without your prior written consent.

I confirm that the information provided above is true to the best of my knowledge. I confirm that on instructing 24 Hour Bailiffs Limited. I am agreeing to their terms and conditions and agreed fees, as provided.

SIGNED:

NAME:

DATED:

On completion of this instruction form, please return to 24 Hour Bailiffs Limited by email at info@24hourbailiffs.com Should you have any queries regarding the questionnaire, please do not hesitate to contact us on 01227 750 966 and one of our specialist advisors will be happy to assist you.