

Third Party Debt Order

About You

Your Name: (The Claimant)*	
Company Name: (If applicable)	
Your Address Line: 1*	
Your Address Line: 2	
Your Town / City:*	
Your Postcode:*	
Your Internal Reference: (If applicable)	
Telephone:*	
Email:*	
Are you VAT registered:*	
If Yes please supply number below	
VAT Number:	

About The Defendant

Name:*		
Company Name: (If applicable)		
Address		
Address Line 1:*		
Address Line 2:		
Town / City:*		
Postcode:*		
Telephone: (If known)		
Any Additional Addresses:	<i>Example: correspondence between the parties, history, etc...</i>	
County Court Claim No:*		
Useful Information:*	Any information in relation to the defendant's financial situation...	
Defendants Current Bank details	Name on the Account:	
	Bank Name:	
	Sort Code:	
	Account Number:	



Have you previously used any of DCB Legal services before?	Yes / No	If yes, please provide reference number:
Attachments required: 1. Copy of the County Court Judgment		

Authorisation

<input type="checkbox"/>	I authorise DCB Legal Ltd of Direct House, Greenwood Drive, Manor Park, Runcorn, Cheshire, WA7 1UG. I have also read, understood and agreed to DCB Legal Terms and Conditions – http://www.dcblegal.co.uk/terms-of-business-instruction
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Print Name	
Signature	
Date	