Load Consumer Debt Form



(Fields marked * are mandatory fields)

YOUR DETAILS	
Company Name:	
Trading Name:	
Full Name*:	Email*:
Address*:	
Mobile*:	Landline*:
Your bank account number (for debtor payments) *: _	
Email for Statements*:	
DEBTOR DETAILS	
First Name*:	Last Name*:
Middle Name:	Gender*:
Date of Birth:	Email:
Phone #1:	Phone #2:
Current Address:	
Previous Address(es)	
Occupation:	Employer:
Employer's Phone:	Employer's Email:
Any other information that may be of help collecting the	he debt? E.g. debtor's relatives contact details:

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DEBT DETAILS

Amount Owing \$*:	Invoice / PO Number(s)*:
Date Incurred/Invoice Date*:	Your Debt Reference:*:
Do you have a debt collection provision in your terms o	of trade/credit contract*: O Yes O No O I Don't Know
Reason for this debt/dispute*:	
PRICING OPTIONS (please select the box next	
Option 1 - Only available if you have an agreem	
Option 2 - Debt Size \$500+. Debt load fee \$60+	
Option 3 - Debt Size \$2,000+. No debt load fee. Option 4 - Any Debt Size. No debt load fee. C.I	
By accepting these terms, you agree to authorise CIA and agree to make payment of all charges and costs	Debt Recovery Ltd to act as your agent in the above matters in accordance with the Terms of Engagement.
You agree to not proceed to legal action, nor take income on your own accord, against this debtor without first	dependent action by another means through an agency or, consulting CIA Debt Recovery Ltd.
	ies are paid to you or your agent, by the debtor, CIA Debt that relates to the option you have chosen above and any
O I have read and understood CIA Debt Recov	very's full Terms of Engagement*
Full Name*: Date*: _	Signed*:
Please attach the following documentation when y	ou submit/email this completed form:
O Copy of the Invoice(s) / Purchase Order(s) /	['] Disputes Tribunal order
O Any other supporting documentation (e.g.,	email correspondence with the debtor)

Please email the completed form to debts@cia.nz Page | 2