



**Anglia Bailiffs**

Fortress House, 301 High Road, Benfleet, Essex,  
SS7 5HA

**Tel: 0800 689 1093**

**E-mail: info@angliabailiffs.co.uk**

**Visit: angliabailiffs.co.uk**

**INSTRUCTION TO TRANSFER UP AND ENFORCE A JUDGMENT BY WRIT OF CONTROL**

**INSTRUCTION FORM**

**REF:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Your Ref: \_\_\_\_\_

**CREDITOR DETAILS**

Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Court Claim Number: \_\_\_\_\_

**DEBTOR DETAILS**

Debtor Name: \_\_\_\_\_

Enforcement Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Registered Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Trading Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Debtors Contact Details:

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_



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**ADDITIONAL DEBTOR INFORMATION**

Was your judgement obtained by default:  Yes  No

Please provide details of the nature of the debt:

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Approximately, when was the debt incurred: Date:        /        /        (day/month/year)

Enforcement Address:  Residential  Commercial

If the debtor is a person then please provide a description of them:

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**ABOUT THE DEBTOR**

Debtors date of birth: Date:        /        /        (day/month/year)

Are there any details of the debtor on the internet:  Yes  No (if yes please provide details)

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Are you aware of any recent changes in the debtors circumstances:        Yes        No (if yes please provide details)

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Do you have any details of any vehicles that the debtor uses:  Yes  No (if yes please provide details)

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Registration Numbers: \_\_\_\_\_

Do you have any details of any other assets owned by the debtor:  Yes  No (if yes please provide details)

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**NOTES**

Please provide any other additional information that may assist enforcement:

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**Bank Details for Remittance**

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_



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**AUTHORISATION**

- I hereby consent to Anglia Bailiffs requesting the issue a writ of control in the name of an authorised High Court Enforcement Officer and to act under that officers authority for the purposes of enforcement.
- A payment for £156.00 to Anglia Bailiffs, this can be paid online by visiting [www.angliabailiffs.co.uk](http://www.angliabailiffs.co.uk) and clicking 'Pay Now' or by Bank Transfer (please request bank details for payment).
- Copy of Judgement or Order (Copy of claim form if obtained online), Award or Settlement
- I confirm that the details given are correct and accept any responsibility for any incorrect information given

*By submitting this authorisation, you hereby agree to the terms and conditions as laid out on our website.  
Terms and conditions are available to view at [www.angliabailiffs.co.uk/terms-and-conditions](http://www.angliabailiffs.co.uk/terms-and-conditions).*

Signed: \_\_\_\_\_ Date:            /            /            (day/month/year)