

# DEBT COLLECTION QUESTIONNAIRE FORM

**Please complete as much as you can of the following:**

## **CREDITORS DETAILS**

YOUR/COMPANY FULL NAME:

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CONTACT NAME  
& POSITION IN COMPANY:  
(IF APPLICABLE)

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YOUR/COMPANY FULL ADDRESS:  
(INCLUDING POST CODE)

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ADDRESS FOR CORRESPONDENCE:  
(IF DIFFERENT FROM ABOVE)

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DAYTIME TELEPHONE NO:

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MOBILE NO:

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FAX NO:

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EMAIL ADDRESS:

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DATE OF BIRTH:

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NATIONAL INSURANCE NO:

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WHERE DID YOU HEAR ABOUT US:

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**DEBTORS DETAILS**

FULL NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
(IF APPLICABLE)

LAST KNOWN ADDRESS: \_\_\_\_\_  
(INCLUDING POST CODE)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
(IF APPLICABLE)

TOTAL OF DEBT: \_\_\_\_\_  
(OR AMOUNT OF JUDGMENT)

ANY INTEREST ACCRUING: \_\_\_\_\_  
(PLEASE PROVIDE CALCULATION SHOWING  
% RATE)

DATE OF DEBT: \_\_\_\_\_

IS THE DEBT BEING DISPUTED: \_\_\_\_\_

DO YOU ALREADY HAVE JUDGMENT: \_\_\_\_\_

DETAILS OF DEBT:  
(PLEASE PROVIDE COPIES OF ALL  
INVOICES, JUDGMENTS, TERMS OF  
BUSINESS, CONTRACTS AND ANY  
INFORMATION THAT MIGHT HELP  
RECOVER THE DEBT)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THE DEBTOR STILL AT THE  
ABOVE ADDRESS:

- DEFINITELY
- PROBABLY
- NOT SURE
- DEBTOR HAS MOVED

**DEBTORS DETAILS CONTINUED**

IF THE DEBTOR HAS MOVED DO YOU WANT US TO INSTRUCT A TRACING AGENCY ON A NO FIND NO FEE BASIS? (CHARGES FOR THIS SERVICE RANGE FROM £20 TO £85 DEPENDING ON THE TYPE OF REQUEST BUT WILL BE DISCUSSED WITH YOU BEFORE WE INSTRUCT AN AGENCY)

YES

NO

PLEASE PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE:

COMPANY NO: \_\_\_\_\_

NATIONAL INSURANCE NO: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

LAST KNOWN EMPLOYER: \_\_\_\_\_

CHILDREN'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

SISTER'S NAME: \_\_\_\_\_

BROTHER'S NAME: \_\_\_\_\_

LAST TIME CONTACT MADE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT:  
(NAME & ADDRESS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAGES PAYMENT DATE: \_\_\_\_\_

ASSETS:  
(I.E. PROPERTIES, BANK A/C,  
VEHICLES ETC.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU KNOW OF ANYONE  
OWING THE DEBTOR MONEY:  
(IF SO PLEASE GIVE FULL DETAILS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_