

File Handover Sheet



King fisher Office Park,
Mount Edgecombe,
4302

Tel: 031 5393274

Fax: 031 5394933

Mike : 084 548 3834

Plaintiff.....

Debtors detail

Debtor's Reference.....I.D.....

Debtor's Surname

Physical Address

Debtor's Tell No :..... Cell no.....

Next of Kin Tell No,Cell No

Employer Details

Employer :.....

Physical address:.....

Town/City..... Code.....

Employer's net salary R.....

Employee No (Compulsory)

Supervisor.....

Tell No Fax.....

Loan Detail

Debtors banking details

Contract date.....

Acc Holder

a. Capital Amount R.....

Bank

b Interest R.....

Acc. No.

c Fees +Vat R.....

Branch

Subtotal R.....

Type of acc

d Penalty /Rebates R.....

e Payments R.....

Handover amount R.....(a + b +c +d – e)

Plaintiff Sign.....

Collectors Sign **Date**.....

NB: Attach a client statement from your program.