

Plaintiff Name: _____

King Fisher Park No 2
Mount Edgecombe.
Tel: 031 5393274
Fax: 031 5394933



	Reference:	Contract Nr:	Debtor surname	Handover amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Thank you

Total:

Plaintiff Sign.....

Collectors Sign.....

Date.....

This form needs to be completed by the Plaintiff.

Note: Please fill every contract separately as we will need to determine witch contract will be combined. Also make sure about Handover amount & total.

Please attach a printout from your program showing the Handover files.