

Writ of possession Instruction form

*Required fields

INSTRUCT	ING PARTY					
Are you an exis	sting client?*					
Yes	No					
Are you the solicitor/barrister, landlord or agent?*						
Solicito	r/barrister	Landlord	Agent			
Is the instructing party VAT registered?*						
Yes	No					
Title*	First name*					
Title"	rirst name					
Surname*						
Jumame						
6						
Company nam	e					
Company regis	stration number (if a	ipplicable)				
Address*						
Town / city*						
County*						
Destar dex		DV /// 11 111				
Postcode*		DX (if applicable	•)			
Telephone*						
relephone						
Email address*	ŧ					
Email addiess						
Your reference	(if applicable)					
CLAIMANT	DETAILS					
Is the claimant	VAT registered?*	Yes	No			
Title*	First name*					

To submit a transfer up request simply complete the following form, attach a copy of the judgment, the N5 form (claim form for possession of property) and a court fee of £80.00 and post or email it to:

The Sheriffs Office,

141 Walter Road, Swansea, SA1 5RW

DX: 52966 Swansea

E: commercialservices@thesheriffsoffice.com

T: 01792 450033 **F:** 0333 003 5120

CLAIMANT DE	TAILS CONT		
Surname*			
Company / Trading	g name		
Address*			
Town / city*			
County*			
Postcode*			
Telephone*			
OCCUPIER'S /	DEFENDANT DE	TAILS	
OCCUPIER'S /	DEFENDANT DE	TAILS	
		TAILS	
Title	First name	TAILS	
Title Surname	First name	TAILS	
Title Surname Solicitor's compan	First name	TAILS	

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Postcode*

Telephone

Email address



TYPE OF ENFORCEMENT

Do you need:

Possession only

Or

Possession and recovery of money judgment (please note that the debt must be for £600 or more)

JUDGMENT DETAILS (IF APPLICABLE)

Court of issue* Court ref no*

Judgment date* Judgment amount (if applicable)

Additional costs Interest rate (%) (default 8%)

Post judgment credit* (any payment received since judgment)

Additional information

PROPERTY DETAILS

What type of property is occupied?

Shop Commercial unit Compound

Residential property Other

Please indicate the type of occupiers?

Travellers Squatters Protesters

Tenants Owner occupier Unknown

How many occupants are present?

Adults Children Unknown

Number of vehicles present?

Vehicles Caravans Unknown

Date of occupation

/ (day/month/year)

PROPERTY DETAILS CONT

Are you aware of any previous eviction attempts?

es N

If you have answered yes, please provide details

Have you any photographs / Land Registry map or local authority site plans $\,$

of the property?

Yes No

If yes, please email the pictures to our office quoting the address to

property@thesheriffsoffice.com

Is the property alarmed?

Yes No Unknown

If yes, do you have a code?

Would you like The Sheriffs Office to arrange the locksmith/security to secure the land/premises?

Yes, I wish for The Sheriffs Office to arrange a locksmith

No, I will arrange my own locksmith

Yes, I wish for The Sheriffs Office to arrange security

No, I will arrange my own security

If a building, do you wish the property to be shuttered?

Yes, I wish for The Sheriffs Office to arrange shuttering

Yes, I will arrange my own shuttering

No, I do not require shuttering

Is there a communal access door?

Yes No

If yes, do you have access?

Yes No

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PROPERTY DETAILS CONT Are there any animals or hazardous materials at the address that we need to be made aware of? Hazardous materials Animals Unknown If you have answered yes, please provide details Have there been any threats of violence made to any party? No Yes If you have answered yes, please provide details Who will be attending the eviction to sign over vacant possession and accept the new keys? It is crucial that, once the possession has been concluded, we sign off the instruction **Contact telephone** If an agent or estate agent is being used, please provide their details below. Name Company Telephone no.

Mobile no.

REASONABLE FORCE

I hereby authorise The Sheriffs Office to use reasonable force, where required.

RESIDENTIAL PROPERTIES ONLY

Please also send us the following

Copy of the sealed possession order

Copy of the sealed S42 permission to enforce in the High Court

Copy of the N5 claim form for possession of property

PAYMENT

You will need to pay the £80 court fee for the writ.

Please indicate how you would like to pay:

£80 by invoice. NB: this must be paid before the enforcement can commence. (Please provide invoice contact details below*) unless you have an agreed invoice arrangement with us

A PBA number with covering letter authorising SHCE Ltd to act on your behalf, sent to the address below. Please provide your PBA number here:

£80 by bank transfer to SHCE Ltd, NatWest Bank plc, sort code 60-01-04, account number 41559274.

Please ensure you use your name/company name as the reference on your payment

*Invoice details

If paying by invoice, please provide details of the person to whom the invoice is to be sent

Contact name

Email address

Telephone

Address (if different to above)

Postcode (if different to above)

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DECLARATION

Due to health and safety reasons we are unable to process your instruction without the completion of this form.

Please ensure it is completed in its entirety, as the instruction form is used to ascertain how many agents will be required to enforce the writ safely and successfully. We may also carry out a risk assessment visit for the same purpose. Once these steps have been completed, we will contact you with our available dates and times for your consideration.

Residential evictions – under Civil Procedure Rule 83.8A it is a legal requirement to serve a 14-day Notice of Eviction (unless otherwise specified by the court), if the tenant leaves during the notice period or the eviction is cancelled, the client/claimant remains liable for the full quoted/invoiced amount.

Commercial evictions – on larger evictions (three x officers or more) a minimum period will be quoted to cover the deployment and attendance of our officers, the agreed minimum period will be chargeable regardless of whether enforcement is completed sooner.

Cancellation – if an eviction (other than a residential eviction) is cancelled within 48 hours of the planned date and time the client/ claimant will be liable for 50% of the quoted charges, if an eviction is cancelled within 24 hours, then the client is liable for the full quoted/invoiced amount.

If you have any queries in completing the instruction form, please contact 0333 001 5100

To avoid any delay, the form can be emailed by the button below or sent to **commercialservices@thesheriffsoffice.com**

I have read the terms and conditions, available at **thesheriffsoffice.com/terms**

I agree to the terms and conditions and confirm that to the best of my knowledge the contents of the form are true.

These terms will apply to all services provided by us to you, except as expressly varied by The Sheriffs Office a trading style of SHCE Limited.

Please send me your monthly newsletter, details of eBooks, webinars and events. I acknowledge that I can unsubscribe at any point by clicking on the "unsubscribe" link in the email.

at any point by clicking on the "unsubscribe" link in the email.

Please read our **privacy policy**.

Signature*

Signature

Date*

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