## henriksen limited

Telephone: 01430 430000 E-Mail: info@henriksen-limited.co.uk Authorised and Regulated by The Financial Conduct Authority (Firm Reference Number 688234)

## NEW DEBT INFORMATION

1. What is the name of	your Business?		
2. Who owes you money? An Individual or a B Individual – provide the full name and address of the individual, please provide Title, First Names/Initials and Surname (Leave this box Blank if the customer is a business)		Business – provide the full name and address of the business, and any contact name you may have dealt with. Important - if the business is a Limited Company please state this clearly. (Leave this box Blank if the customer is an individual)	
3. What Contact Details Telephone Number 1	do you have?	Telephone Numbe	er 2
Fax Number		Email Address	
Details of Debt (e.g. details of good Invoice Number(s) or References	ds supplied, or services provided).  Invoice Dates or Loan Date		Original Balance
5. What is the Balance (Original Balance ab	ove less any payments	you have rec	eived)
	If you have received any payment towards this debt, provide details of the last payment you received.  Leave Blank if you have not received any payment towards this debt.		
£	Date of Last Payment		Amount of Last Payment
			provide details. If you need more dditional information to us.
	formally advised your cu	stomer in writi	ing or by email that this debt is
henriksen. We will co		urs to confire	elow and send this form to me have received this debt.
Signed Dated			