

OUR INSTRUCTIONS to C.I.A.

Ph. 0800 111007

Fax. 0800 222007

PLEASE COMPLETE ONE (1) FORM FOR EACH TENANT

Name of Tenant		Date of Birth	
Known Aliases of tenant		Gender	
Your Property or other reference			

Please itemise these details (from your Tenancy Tribunal Order – please attach a copy)

Rent arrears	\$
Carpet cleaning	\$
Pest control	\$
General cleaning	\$
Repairs	\$
Lawns/gardening	\$
Letting fee/advertising	\$
Rent in lieu of notice	\$
Water rates	\$
Change of locks	\$
Other (please state)	\$
Subtotal	\$
Less Bond	\$
Less other credit	\$
Total to recover	\$

Current home address		Phone	
Work address		Phone	
Car registration number(s)			
WINZ number			
Bank account number			
Any other helpful details			
Description of tenant 1 (e.g. 5'10" tall, tattoos, distinguishing features)			

OUR SPECIFIC INSTRUCTIONS (e.g. trace & debt collect, tenancy termination, etc) :-**Your Details****Email Address:****Company/Name:****Postal Address:****Phone:****Physical address:****Fax:****Contact person:****Position:****Signature****Date**

My bank account number for direct credit of any proceeds of recovery

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My chosen fees payment method

Option 1 Option 2 Option 3 Option 4 Option 5 Option 6

I/We authorise **CHASE INVESTIGATIVE AGENCIES Ltd** to act as our agents in the above matters and agree to make payment of all charges and costs in accordance with **CHASE INVESTIGATIVE AGENCIES Ltd** current terms and conditions. I/We agree to not proceed to legal action, nor take independent action by any other means through agency or on my/our own accord, against this debtor without first notifying **CHASE INVESTIGATIVE AGENCIES Ltd**.

If I/we do take independent action, I/we know we will be liable and be invoiced for the whole commission that relates to the option I have chosen above and any subsequent enforcement costs.