



**Credit Control – Debt Recovery – Insolvency
Litigation – Conciliation – Tracing**

ICM – DEBT INSTRUCTION FORM

Your Business
Name: _____

Contact Name: _____

Your Address: _____

Contact Number: _____

Email Address: _____

DEBTOR DETAILS

Name: _____

Address: _____

Postcode: _____

Debt Amount: £ _____

Contact Name: _____

Telephone No: _____

Mobile No: _____

Email Address: _____

Comments on Background of Debt: _____

**PLEASE ATTACH A STATEMENT, INVOICE(S) OR CORRESPONDENCE
YOU HAVE TO ASSIST ICM DEBT RECOVERY TO ACT ON YOUR BEHALF
(By submitting a debt instruction form you have agreed to abide by ICM's T&C)**

Signed: _____

Dated: _____