

LEGAL TRACK



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REG. NR 2002/083292/23

HAND OVER CHECK LIST

PLEASE COMPLETE THE **DEBTOR'S** INFO ON THIS FORM

Debtor Name and Surname:	
Debtor ID Number:	
Debtor Cell Phone Number:	
Debtor Home Contact Number:	
Debtor Work Contact Number:	
Debtor Email Address:	
Debtor Physical Address:	
Debtor Postal Address:	
Copy of Statement:	Attached: YES / NO
All relevant Invoices/POD's/Contract:	Attached: YES / NO
Hand Over Amount:	R

SHOULD YOU HANDING OVER **A BUSINESS**, PLEASE COMPLETE THE BELOW
(INFO THAT YOU HAVE AVAILABLE)

Registration Name of Business:	
Company VAT Number:	
Company Registration Number:	
Business Contact Number:	
Business Email Address:	
Business Physical Address:	
Business Postal Address:	
Owner Name and Surname:	
Owner Cell Phone Number:	
Owner Home Contact Number:	
Owner Physical Address:	
Owner Postal Address:	
Copy of Credit Application:	Attached: YES / NO
Copy of Surety Document:	Attached: YES / NO
Copy of Statement:	Attached: YES / NO
All relevant Invoice/POD's/Contract:	Attached: YES / NO
Hand Over Amount:	R

COMMENTS
