

Warrant of Control



DUKES
BAILIFFS LIMITED

For Commercial Rent Arrears Recovery

Office Use Only
Dukes Ref No:

Under schedule 12 of The Tribunals, Courts and Enforcement Act 2007.

I/We hereby authorise any Enforcement Agent under the instruction of Dukes Bailiffs Limited, of Dukes Court, 7 Newcastle Street, Stone, Staffordshire, ST15 8JT to commence a Schedule 12 procedure against my/our tenant including Taking Control of Goods, chattels and effects in or upon the premises:

The Tenant's Details (Person/Company who owes the overdue rent)

Business Name: (as appears on lease)	
Business Address: (of the leased premises)	
Postcode:	
Tenant's Name:	
Type of Business:	
Contact Number:	
Opening Hours:	
Type of Premises: (Please tick)	Industrial <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Shop <input type="checkbox"/>

Details of Rent Due

Total Amount Outstanding: (Pure Rent only)	
Payment Due Date:	
Will you accept payment by arrangement (instalments)?	No <input type="checkbox"/> Yes <input type="checkbox"/> Maximum Period _____

And to proceed therein for the recovery of the said Pure Rents and Costs of Enforcement as the law directs, and for so doing, this shall be your sufficient Warrant, Authority and Indemnification against all Actions at Law, as well as against all reasonable disbursements which you may incur or be liable to pay by reason of your executing this Warrant and hereby undertake not to hold you accountable for any goods forcibly or clandestinely removed. Should any cheque or credit card payment collected by you, be recalled by the bank or credit card company after you have paid funds over to us, and for reasons beyond your control, we shall repay those funds to you immediately and deem that rent to be still unpaid.

Name & Signature of Authority (person authorised to instruct enforcement action)

Name of Signatory

Signed Date

A copy of the signed lease must be provided with this warrant in order for enforcement action to proceed



The information you provide in this document is important. Please provide as much detail as possible to ensure your costs are minimised. Repeat visits may incur extra fees. Once you have completed this form please send it to solutions@dukeslimited.co.uk or call **0844 880 9808**.

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The Landlord's Details (Person/Company who is owed the rent)

Business Name: (as appears on lease)	
Contact Name:	
Telephone:	
Email:	
Fax:	

Your Contact Details (Person/Company who is authorising Dukes to take action)

Business Name:	
Contact Name:	
Business Address:	
Postcode:	
Telephone:	
Email:	
Fax:	

Details of Payee (Person/Company Dukes need to pay the recovered money to)

Bank Name:	
Account Name: (Name of Payee)	
Sort Code:	
Account Number:	
Payment Method: (Please tick)	BACS <input type="checkbox"/> Cheque <input type="checkbox"/>

Special Instructions (any additional comments that you think will help us collect the rent due)

i.e. previous tenant behaviour, payment history, risk of removal of goods, etc.

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