COMMERCIAL RENT ARREARS RECOVERY (CRAR) INSTRUCTION FORM



Fields marked with an * are required

To summit a request to recover outstanding commercial rent simply complete the following form and email it to:

instructions@just-dm.co.uk

Just, 84 Thomas House, Eccleston Square, London, SWIV 1PX DX 2326 Victoria

T: 020 3848 9060

Title	rs / Contact Det *First Name		I/We hereby authori & Enforcement Act 2	se you to take control of goods under the Tribu 2007 in the tenure and occupation of:
			*Title	*First Name
Surname				
			*Surname	
usiness Na	ame			
			Business Name	
Address				
			*Address	
Town/*Cit	ty			
			*Town / *City	
County	1	'Postcode	*County	*Postcode
Telephone			County	rostcode
relepriorie	: 			
Email Addı	ress		Rent Arrear	s Details
			*Type of Premis	es
Reference			Shop	Warehouse Office
			Other	
Landlord	d Details		*Opening times	
*Title	*First Name		From	То
1100	i ii se i tarris		FIOITI	10
Surname			*Due on	*Starting on
			But on	Starting on
			*For the period	ending
Business N	lame			
	lame			
	lame		*For the sum of	
^s Address				
*Address				
Business N *Address *Town / *Cir *County	ity	*Postcode		

Declaration

And to proceed therein for the recovery of the said outstanding rent 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 costs,

charges or expenses which you may incur or be liable to pay by reason of your executing this Warrant, and do

thereby undertake not to hold you accountable for any goods forcibly or clandestinely removed.

- I agree that I am only recovering the rent amount actually due. Insurance is not recoverable in this method.
- I agree to the terms and conditions published on the Just. Website.

*Signature

*Date

EMAIL

PRINT

*Invoice details	
*Contact Name	
*Email Address	
*Telephone	
*Address	
*Postcode	