

EMPLOYMENT TRIBUNAL AWARD INSTRUCTION FORM

Just.[®]

Fields marked with an * are required

To submit a transfer up request simply complete the following form, attach a copy judgment and a court fee of £66.00 payable to HMCTS and post to:

Just,
84 Thomas House,
Eccleston Square,
London, SW1V 1PX

DX 2326
Victoria

E: instructions@just-dm.co.uk
T: 020 3848 9060

Solicitors / Contact Details

*Title	*First Name
<input type="text"/>	<input type="text"/>
*Surname	
<input type="text"/>	
Business Name	
<input type="text"/>	
*Address	
<input type="text"/>	
*Town / *City	
<input type="text"/>	
*County	*Postcode
<input type="text"/>	<input type="text"/>
*Telephone	
<input type="text"/>	
*Email Address	
<input type="text"/>	
*Reference	
<input type="text"/>	

Claimant Details

*Title	*First Name
<input type="text"/>	<input type="text"/>
*Surname	
<input type="text"/>	
Business Name	
<input type="text"/>	
*Address	
<input type="text"/>	
*Town / *City	
<input type="text"/>	
*County	*Postcode
<input type="text"/>	<input type="text"/>

Defendant Details

*Title	*First Name
<input type="text"/>	<input type="text"/>
*Surname	
<input type="text"/>	
Business Name	
<input type="text"/>	
*Address	
<input type="text"/>	
*Town / *City	
<input type="text"/>	
*County	*Postcode
<input type="text"/>	<input type="text"/>
*Telephone	
<input type="text"/>	
*Email Address	
<input type="text"/>	

Judgment Details

*Tribunal Court	*Tribunal Award Number
<input type="text"/>	<input type="text"/>
*Tribunal Award date	*Tribunal Amount
<input type="text"/>	<input type="text"/>
*Interest Rate (%) (default 8%)	
<input type="text"/>	
*Post Tribunal award credit	
<input type="text"/>	
*Additional Information	
(i.e. fax, email, mobile, car, asset details, any details of the judgment debtor on the internet i.e. social media)	
<input type="text"/>	

Additional Information

Does the Debtor have any assets that you are aware of?

Yes No

Are you aware of the location of the Debtors assets?

Please provide any details that will assist the enforcement process.

Please provide any additional contact information that you hold for the Debtor (e.g. email, telephone number)

If the Debtor is a business, is the Debtor trading? Please confirm a trading address if available.

Payment

Please indicate how you would like to pay:

Tick boxes

£66.00 Cheque payable to HMCTS for the Writ Fee. Please note that this fee is retained by the High Court

A PBA number with covering letter addressed to the court authorising the court to deduct the court fee.

£66 by bank transfer to Just Digital Marketplace Ltd.

Bank: Royal Bank of Scotland (RBS)

Sort Code: 83-06-08

Account Number: 21136886

Please ensure that you note your Judgment Claim Number and surname/business name as the reference on your payment.

*Invoice details

*Contact Name

*Email Address

*Telephone

*Address

*Postcode

Declaration

I agree to the terms and conditions published on the Just. Website.

*Signature

*Date

EMAIL

PRINT