



Debt Recovery Instruction Form.

YOUR DETAILS

(Your Collecting for)

Contact name: First name..... Middle name..... Last name.....

Business name:

Post Address: Email:

Mobile Number: Telephone number

I understand that **NYAKISASA EMPIRE** receives Commission on any monies collected whether the debtor pay to Or ourselves, including whether the debtor is taken to the Dispute Tribunal or Court. The payment is due to the same day as monies paid.

Signed

Date

d

DEBTOR DETAILS (Please start Recovery Action on)

Debtor name/ First name: Middle name: Last name.....

Company name..... Last known post address.....

Debtor legal Entity

Phone number:

Street name.....

Ward name.....

Amount of Debt.....

Description of Debt

Is there any Debts Collateral?

Mention Debts Collateral and where located.

Is there an agreement to pay Collection costs?

Any additional information

Please email or call us

Head Office, NYAKISASA EMPIRE P O BOX 15816,

ARUSHA - TANZANIA.

info@nyakisasaempire.co.tz

+255 (0) 782 39 66 66

+255 (0) 767 516723

d