

Claim Assignment Form

Name of Creditor: _____

Address: _____

Phone number: _____

Debt / Sum owed: £ _____ (Amend if wrong and countersign)

Invoices attached (Please tick to confirm)

Is the debt insured/ factored
/invoice discounted? YES / NO

I, the undersigned, confirm that the above details are correct and that the claim referred to above is valid. I hereby assign our debt to ReSolve Assist Limited in full. I further confirm that I have read the terms and conditions overleaf and agree to be bound by them.

Signed: _____

Name (block letters): _____

Position: _____

Date: _____

Please complete and return this form to:

Freepost – RRYH-GZTB-CCZB
ReSolve Assist Limited
One America Square
London
EC3N 2LB