



Foreign Judgment Instruction form

*Required fields

To submit a transfer up request simply complete the following form, attach a copy of the judgment and post or email it to:

The Sheriffs Office,

Transfer Up Department, Helix, 1st Floor, Edmund Street,
Liverpool L3 9NY

DX: 14104 Liverpool

E: transferup@thesheriffsoffice.com

T: 0333 001 5100

F: 0333 003 5120

SOLICITORS/CONTACT DETAILS		
Are you an existing client?*		
		Yes No
Are you the solicitor/barrister or the claimant?*		
		Solicitor/barrister Claimant
Title*	First name*	
Surname*		
Company name		
Company registration number		
Address*		
Town / city*		
County*		
Postcode*		
DX (if applicable)		
Telephone*		
Email address*		
Your reference		

CLAIMANT DETAILS CONT
Company / Trading name
Company registration number (if applicable)
Address*
Town / city*
County*
Postcode*

JUDGMENT DETAILS	
Is it a County Court judgment or a High Court order?*	
County Court judgment	High Court order
Court of issue*	Court claim No*
Judgment date*	Judgment amount*
Additional costs*	Interest rate (%)* (default 8%)
Post Judgment credit* (any payment received since judgment)	
Was the judgment obtained by default?*	
Yes No	
Please provide a brief summary of what the debt relates to	
Approximately when was the debt incurred	
/ / (day/month/year)	
Additional information* (i.e. fax, email, mobile, car, asset details, any details of the judgment debtor on the internet i.e. social media)	
Please send a copy of the judgment or order with this form	

CLAIMANT DETAILS		
Are you an individual or a business?*		
		Individual Business
Is the claimant VAT registered?*		
		Yes No
Title*	First name*	
Surname*		



DEFENDANT DETAILS

Is the defendant an individual or a business?*

Individual

Business

Title* First name* (exactly as shown on the judgment)

Surname* (exactly as shown on the judgment)

Is the enforcement address residential or commercial?*

Residential

Commercial

Company / Trading name

Address*

(this should be either the debtor's main residence or trading address if a business)

Town / city*

County*

Postcode*

Do you authorise us to enforce at this address?*

Yes

No

Telephone*

Tel (home)

Tel (mobile)

Tel (work)

Trading address (sole trader)

Town / city*

County*

Postcode*

Registered address (if known)

Town / city

County

Postcode

ABOUT THE DEBTOR

Debtor's date of birth (if known)

/ / (day/month/year)

Are there any details of the debtor on the internet?

Yes

No

If yes, please provide details

Are you aware of any recent changes in the debtor's circumstances?

Yes

No

If yes, please provide details

Do you have the details of any vehicles the debtor uses?

Yes

No

If yes, please provide details (registration number)

Do you have details of any other assets owned by the debtor?

Yes

No

If yes, please provide details

Please provide any other information that may assist enforcement?

(use a separate sheet if required)



PAYMENT

You will need to pay the £71 court fee per case instructed before enforcement can commence.

Please indicate how you would like to pay:

£71 by invoice. NB: this must be paid before the enforcement can commence. (Please provide invoice contact details below*) **unless you have an agreed invoice arrangement with us**

A PBA number with covering letter authorising SHCE Ltd to act on your behalf, sent to the address below. Please provide your PBA number here:

£71 by bank transfer to SHCE Ltd, NatWest Bank plc, sort code 60-01-04, account number 41559274. Please ensure you use your name/company name as the reference on your payment

*Invoice details

If paying by invoice, please provide details of the person to whom the invoice is to be sent

Contact name

Email address

Telephone

Address (if different to above)

Postcode (if different to above)

DECLARATION

I hereby authorise The Sheriffs Office to obtain a writ of control in the name of an authorised High Court Enforcement Officer within The Sheriffs Office for the purposes of enforcement.

Please ensure all of the following documents are enclosed. Failure to do so will result in delays:

For EOP's (European Order for Payment)

Original European Order for Payment - **Form E**

Original European Enforcement Order - **Form G**

Original European Enforcement Order - **Form A**

Certified copies of forms **A, E** and **G**

Certified translation of the forms **A, E** and **G**

For EEO's (European Enforcement Order)

A signed or stamped copy of the original European Enforcement Order

A translation of the European Enforcement Order

A copy of the original order

Certified copies of all of the above forms

I have read the terms and conditions, available at thesheriffsoffice.com/terms.

I agree to the terms and conditions and confirm that to the best of my knowledge the contents of the form are true.

Please send me your monthly newsletter, details of eBooks, webinars and events. I acknowledge that I can unsubscribe at any point by clicking on the "unsubscribe" link in the email. Please read our [privacy policy](#).

Signature*

Date*