



WARRANT OF DISTRESS

We hereby authorise you to distrain under the Distress for Rent Rules 1988, the goods and effects in tenure and occupation of:

Tenant's Name	Trading Name
Being situated at (Demised Premises):	
For the sum of (complete in words):	Sum in figures £
Being arrears of Rent due to the Landlord <small>Complete Landlord's Name/Company Name</small>	On behalf of (Enter Managing Agent's Name if relevant)
Due on <small>(Enter Quarter date Rent became due)</small>	At (Enter Quarter/Monthly Rent:) £ _____ per Quarter/Month* [*Delete where appropriate]
and to proceed therein for the recovery of the said Rent and the costs of the Distress as the Law directs. For your so doing, this shall be your sufficient Warrant, authority and indemnification against all actions at Law, as against all costs, shares or expenses which you may incur or be liable to pay reason of your executing this Warrant and hereby undertake not to hold you accountable for any goods forcibly or clandestinely removed.	
Signed	Print Name (BLOCK CAPITALS)
Company Name	
Contact Number	Email
Job Title	Date

Please indicate type of premises and give location if difficult to find:

Shop*	Office	Restaurant	Industrial Unit	Hairdresser	Minicab office	Other*
*Please specify type of shop/business:						
Hours of business				Tenant's telephone number		

Certificated Bailiffs · Civilian Enforcement Officers
 London House · 216 Tooting High Street · London SW17 0SG
 Telephone: 020 8767 8202, Fax: 020 8682 2596, Email: info@mc2recovery.co.uk

PLEASE FAX THIS FORM BEFORE 11.30AM IF BAILIFFS REQUIRED TO ATTEND THE SAME DAY AS ISSUE