



BUSINESS *Shield*

Membership no.:

Debt Collection Claim Form

1.	Name of Policyholder:	
2.	Particulars of the business:	
	• Postal address:	
	• Registration no.:	
	• Physical address:	
	• Email address:	
	• Telephone no.:	
	• Cellphone no. of business representative:	
	• Fax no.:	
3.	Effective date of policy:	
4.	Date when debt was incurred:	
5.	Details of previous submitted claim:	
6.	This claim: debt collection	
	• Name of debtor:	
	• ID no. of debtor:	
	• Amount of debt:	
	• Physical address of debtor:	
	• Telephone no. of debtor: Home:	
	Work:	
	Cell:	
	• Cause of debt: Goods sold and delivered:	<input type="checkbox"/>
	Services rendered:	<input type="checkbox"/>

