



**Cornwall Bailiffs Ltd**  
Penstraze Business Centre, Penstraze, Chacewater,  
Truro, TR4 8PN  
**Tel: 0800 689 1093**  
**E-mail: [admin@cornwallbailiffs.co.uk](mailto:admin@cornwallbailiffs.co.uk)**  
**Visit: <http://www.cornwallbailiffs.co.uk>**

**INSTRUCTION TO TRANSFER UP AND ENFORCE A COUNTY COURT ORDER OF DELIVERY  
BY WRIT OF DELIVERY**

**INSTRUCTION FORM**

**REF:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Your Ref: \_\_\_\_\_

**AUTHORISATION**

***I authorise Cornwall Bailiffs Ltd to obtain (if applicable) and enforce a High Court Writ of Delivery. I have provided the following (Please choose appropriate option below):***

Court Claim Number: \_\_\_\_\_

- Option 1  A cheque for £66.00 made payable to HMCTS (HM Courts & Tribunals Service)  Copy of Order  
 An **unsealed** but signed:  N293A  PF86A (Tick as appropriate)
- Option 2  A **sealed:**  N293A  PF86A (Tick as appropriate)  
 A cheque for £66.00 made payable to HMCTS (HM Courts & Tribunals Service)  Copy of Order
- Option 3  A sealed **Writ of Delivery**

**CLAIMANT DETAILS**

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DEFENDANT DETAILS**

Defendants Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_



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**DESCRIPTION OF GOODS** (e.g. serial numbers, vehicle registration numbers)

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*By submitting this authorisation, you hereby agree to the terms and conditions as laid out on our website.  
Terms and conditions are available to view at [www.cornwallbailiffs.co.uk/terms-and-conditions](http://www.cornwallbailiffs.co.uk/terms-and-conditions).*

Signed: \_\_\_\_\_ Date:        /        /        (day/month/year)