



CRAR Warrant of Control

You are hereby authorised, pursuant to part 3 of the Tribunal Courts and Enforcement Act (TCEA 2007), Commercial Rent Arrears Recovery (CRAR)

Tenant:

Demise Address:

Billing Address:

For the total sum of: NB; Only Rent, interest + VAT are recoverable

Total amount to be collected: £

Being arrears of pure rent due to the landlord.

Name of Landlord:

Is the Landlord VAT registered:

VAT Number:

The period in relation to which the rent is owed:
From: To:

Tenants Name:

Tenants E-mail:

Tenant Contacts: T:

M:

Type of Business carried out:

Opening hours (if known):

Is a commercial lease in place:

Is tenant holding-over but not exceeding a period of 6 months:

Authority is given for you to exercise commercial rent arrears recovery (CRAR) as per the relevant legislation on this instruction. I confirm that I am submitting this document because I am the landlord or duly authorised by the landlord to act on their behalf. By completing and sending this authority to enforce, I confirm that the debts are lawfully due and collectable including under the conditions of the commercial rent (CORONAVIRUS) bill/act. This shall be your sufficient authority and indemnification against all actions at law, as well as against all cost, charges or expenses that you may incur or be liable to pay by reason of your executing this enforcement. We hereby undertake to not hold you accountable for any goods forcibly or clandestinely removed. We also agree to refund CBS for any cheques, debt or credit card payments that are recalled by the bank or card merchant after you have paid funds over to us. We shall repay those funds to you immediately and deem that the rent to be still unpaid. We also agree for you to invoice for any lawful enforcement fees where a tenant pays us directly after enforcement has commenced if we do not wish him to proceed against the tenant.

Rent Due

Weekly
 Monthly
 Quarterly

Specify Tenancy

Commercial
 Office
 Shop
 Restaurant/
Takeaway
 Storage
 Factory/
Warehouse
 Yard
 Other

Signature of person authorising warrant control

Supporting documents attached: Invoice Statement of account

By authorising this warrant of control we confirm that we have read and accept the standard terms and conditions of service.

Print Name:

Company Name:

Date:

Tel:

Client bank account details for remittance

Bank:

Sort Code:

Account No:

Reference:

E-mail: