

REPUBLIC OF ZAMBIA

IN THE [SUBORDINATE COURT / HIGH COURT] FOR ZAMBIA

[DISTRICT/PROVINCE] REGISTRY

DEBT DISPUTE FORM

(To Be Completed by the Debtor in Response to a Debt Claim)

Pursuant to the Judgments Act, Cap. 81, and Related Statutory Provisions

SECTION A: DEBTOR INFORMATION

Full Name of Debtor: _____

National Registration Card No.: _____

Residential Address: _____

Phone Number(s): _____

Email Address (if applicable): _____

Occupation: _____

SECTION B: CLAIMED DEBT INFORMATION

Name of Creditor / Claimant: _____

Reference / Claim Number (if any): _____

Alleged Amount Owed (ZMW): _____

Date of Alleged Debt or Contract: _____

Nature of Debt (loan, service, goods, etc.): _____

SECTION C: GROUND(S) FOR DISPUTE

Please tick and elaborate on any of the grounds upon which the debt is disputed:

1. Amount is incorrect
2. Debt has been repaid in full or partially
3. No agreement was made or signed
4. Terms of contract were unclear or unlawful
5. Identity mistake – wrong person/entity
6. Statute-barred (Limitation period expired under Limitation Act, Cap. 89)
7. Coercion, fraud, or duress involved
8. Other legal basis (please specify): _____

Brief Explanation of Dispute (attach supporting documents if any):

(Attach written contract, proof of payments, receipts, correspondence, or any relevant documents.)

SECTION D: PROPOSED ACTION (IF ANY)

Do you propose a resolution?

- Full settlement on different terms
- Negotiated payment plan
- Mediation through legal counsel
- Dismissal or withdrawal of claim
- Other: _____

SECTION E: GOVERNING LAW AND CONFIDENTIALITY

This form is governed by the laws of Zambia, specifically the Judgments Act, Cap. 81, the Courts Act, Cap. 27, and any other relevant legislation. The information provided herein is confidential and will be used exclusively for dispute resolution and/or legal proceedings under the direction of a court or legal authority.

SECTION F: DECLARATION BY DEBTOR

I, the undersigned, declare that the information and facts provided herein are true and correct to the best of my knowledge, and that this form is submitted in good faith to contest the debt claim made against me.

Debtor's Full Name (Print): _____

Signature: _____

Date: ____ / ____ / ____

SECTION G: COMMISSIONER FOR OATHS (IF REQUIRED)

Sworn before me at _____

this _____ day of _____, 20

Signature of Commissioner for Oaths: _____

Name: _____

Designation: _____

Official Stamp/Seal: _____

SECTION H: FOR OFFICIAL OR LEGAL USE ONLY

Received by: _____

Date Received: _____ / _____ / _____

Reviewed by (Legal Officer): _____

Action Taken: _____

Case/File No. (if applicable): _____