

REPUBLIC OF ZAMBIA

Patrick Chulu Legal Practitioners

DEBT RECOVERY INTAKE FORM

(To be completed by the Creditor or Authorized Representative)

Pursuant to the Companies Act No. 10 of 2017, Penal Code Act Cap. 87, and relevant contractual and commercial statutes of Zambia.

SECTION A: CREDITOR INFORMATION

- Full Name / Business Name: _____
 - NRC / PACRA Registration No.: _____
 - Physical Address: _____
 - Phone Number: _____
 - Email Address: _____
 - Authorized Representative (if applicable): _____
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SECTION B: DEBTOR INFORMATION

- Full Name / Business Name: _____
- NRC / PACRA No.: _____

- Physical Address: _____
 - Phone Number: _____
 - Email Address: _____
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SECTION C: DEBT DETAILS

- Total Amount Owed (ZMW): _____
- Nature of the Debt (e.g., Loan, Unpaid Invoice, Salary Arrears, etc.): _____
- Date Debt Incurred: _____
- Due Date (as per contract or agreement): _____
- Is the debt evidenced in writing?
 - ☐ Yes (Attach contract, invoice, or acknowledgment of debt)
 - ☐ No
- Interest Charged (if any): _____ % per annum/month
- Have any payments been made?
 - ☐ Yes (Provide breakdown below)
 - ☐ No

Payment History / Partial Settlements:

- Efforts Made to Recover the Debt (e.g., demand letters, calls): _____
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SECTION D: ADDITIONAL INFORMATION

- Was there a formal written agreement? ☐ Yes ☐ No

If yes, attach a copy.

- Are there any guarantors/co-debtors involved? ☐ Yes ☐ No

If yes, provide their details:

- Are you aware of any legal proceedings already commenced?

☐ Yes ☐ No

If yes, specify:

SECTION E: DESIRED OUTCOME / INSTRUCTIONS TO FIRM

- ☐ Send formal letter of demand
- ☐ Commence legal proceedings in court
- ☐ Negotiate repayment plan
- ☐ Register lien or charge over debtor's property
- ☐ Other (specify): _____

GOVERNING LAW & CONFIDENTIALITY NOTICE

This intake form and its contents shall be treated as confidential and legally privileged. All proceedings and correspondence arising shall be governed by the Laws of Zambia, including but not limited to the Companies Act No. 10 of 2017, Contract Law, Penal Code Act Cap. 87, and related provisions of the Courts Act and Civil Procedure Rules.

SECTION F: DECLARATION & SIGNATURE

I, the undersigned, hereby confirm that the information provided herein is true and accurate to the best of my knowledge. I further authorize [Law Firm Name] to act in accordance with the instructions provided.

Signed at [Location] on this ____ day of _____, 20

Name: _____

Signature: _____

Designation (if applicable): _____

Date: _____

FOR OFFICIAL USE ONLY (Law Firm/Legal Dept.)

- File Number: _____
- Intake Officer: _____
- Date Received: _____
- Next Steps / Notes:

Official Stamp: _____