

PPSR ORGANISATION DEBTOR MOTOR VEHICLE REGISTRATION



**Name of Firm
or Customer
Code**

Date

Author

Client Name

**Matter
Number**

*NB: Fields marked with an * are mandatory fields*

SECURED PARTY (ie creditor) DETAILS

We strongly advise you utilise the address of the secured party as this is the address where debtor change demands and communications from the PPSR will be sent. You can however utilise your address details for you to forward the information to the secured party. Should you wish to utilise our address details, for us to forward the communications from PPSR direct to you (not the secured party) type "landinfo" in the spaces provided.

Name of Secured Party/Parties*
(if more than one list in order)

Email Address/es*
of secured party or see above

Fax Number/s*
of secured party or see above

Address/es*
of secured party or see above

If the secured party is an organisation the PPSR require an individual acting on behalf of the secured party for the PPSR to forward correspondence and change demands notices direct.

**Individual acting on behalf when secured party is an organisation (this will over ride the contact details set out above if the secured party is an organisation.*

First Name*/s
person acting on behalf of secured party

Last Name*
person acting on behalf of secured party

Email Address
if different from above

Contact Address
if different from above

ORGANISATION DEBTOR DETAILS

Names to be taken from official documentation (ie certificate of incorporation)

Organisation Name*

Organisation Type*

choose one

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Building Society | <input type="checkbox"/> Company |
| <input type="checkbox"/> Incorporated Society | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Friendly Society or Credit Union | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Incorporated Charitable Trust Board | <input type="checkbox"/> Other |
| <input type="checkbox"/> Industrial Providence Society | |

Incorporation Number

if a company

Contact Address of Organisation*

First Name*/s

contact at organisation

Last Name*

contact at organisation

COLATERAL/MOTOR VEHICLE

You must supply at least ONE identifying number

VIN Number

Chassis Number

Registration Number

Make*

Model*

Year*

Special instructions or information

OPTIONAL INFORMATION REQUIRED TO THIS REGISTRATION

- I require a post registration confirmation search of the debtor
- I require a verification statement to be sent to the debtor pursuant to section 148 of the PPSA (address taken from debtor information on this form)
- I require a pre registration search of the debtor

Send confirmation of registration by

Post

DX

Fax

Fax Number:

Email

Email Address: