

LETTER OF INSTRUCTION
WRIT OF ENFORCEMENT

TO: ALTERNATIVE BAILIFF SERVICES LTD PH: 403-543-0900 (TOLLFREE) 866-643-0900
109 – 1289 Highfield Crescent SE FAX: 403-543-0909 (TOLLFREE) 866-643-0901
Calgary, AB WEBSITE: www.alternativebailiff.com
T2G 5M2 EMAIL: admin@alternativebailiff.com

PLEASE PROCEED WITH ENFORCEMENT PROCEEDINGS AGAINST:

NAME OF DEBTOR(S): _____
DEBTOR'S ADDRESS: _____
DEBTOR'S EMPLOYMENT: _____
(if known)
DEBTOR'S PHONE/CELL#'S: _____

Please enclose copies of the required documents listed below and any other relevant info:

COPY OF WRIT OF ENFORCEMENT CERTIFICATE OF JUDGEMENT PPR REGISTRATION

TOTAL WRIT AMOUNT (\$) AS REGISTERED WITH PPR: _____

COLLATERAL TO BE SEIZED:

LOCATION OF PROPERTY: _____
(if different from debtor's address)

SPECIAL INSTRUCTIONS OR EXTENUATING CIRCUMSTANCES:

I/We the undersigned hereby indemnify Alternative Bailiff Services Ltd. and its agents and employees in respect to its fees, charges, expenses and any claims for damages whatsoever that may be incurred by them with regards to their execution of this mandate on my/our behalf or anything completed in relation thereto. This indemnity shall continue to be in effect and cover all services requested by the customer. In the event of litigation to which this indemnity applies, the customer agrees to fund, during the course of such litigation, the legal defense costs of Alternative Bailiff Services Ltd. and its directors, shareholders, employees and agents. All information shall be treated as privileged and confidential and will not be released to any other party without prior written authorization by the client or authorized representative. I/We authorize Alternative Bailiff Services Ltd., its agents and employees to act on our behalf and be our agents with regards to their execution of this mandate or anything completed in relation thereto. We also provide Alternative Bailiff Services Ltd. authorization to sign documents on our behalf.

INSTRUCTING CLIENT (NAME OF COMPANY): _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME (PRINT)