

BDS

Bad Debt Solutions

Expert Debt Collection & Recovery Services

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CLIENT INQUIRY FORM

Purpose: This form helps us understand your debt recovery needs and assess how we can best serve you. All information provided is strictly confidential and protected under Ghana's Data Protection Act (Act 843).

Section A: Client Information

1. Company/Organization Name:

2. Business Registration Number:

3. Industry/Sector:

4. Contact Person Name:

5. Position/Title:

6. Email Address:

7. Phone Number:

8. Physical Address:

9. Postal Address:

Section B: Debt Portfolio Information

10. Total Outstanding Debt Amount (GH¢):

11. Number of Debtor Accounts:

12. Type of Debt (Check all that apply):

- Commercial/Business Loans
- Retail Credit/Consumer Loans
- Trade Credit/Supplier Payments
- Healthcare/Medical Bills
- Rent/Property Arrears
- Professional Services Fees
- Other (Please specify): _____

13. Age of Debt:

- 0-90 days
- 91-180 days
- 181-365 days

Over 1 year

14. Have you attempted to collect these debts internally?

Yes No

15. If yes, what methods were used?

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Section C: Service Requirements

16. Preferred Service Type:

- Amicable (Pre-Legal) Collection Only
- Full Service (Amicable + Legal if necessary)
- Legal Collection Only
- Debtor Tracing/Skip Tracing
- Portfolio Management
- Credit Control Consulting

17. Urgency Level:

- Urgent (Start within 24-48 hours)
- Standard (Start within 1 week)
- Flexible (No immediate deadline)

18. Do you have complete documentation for all debts?

- Yes, all documentation available
- Partial documentation
- Limited documentation

19. Are there any legal proceedings already initiated?

- Yes No

20. If yes, please provide details:

Section D: Additional Information

21. Special considerations or concerns:

22. How did you hear about Bad Debt Solutions?

- Referral (Please specify): _____
- Online Search
- Social Media
- Advertisement
- Other: _____

Section E: Data Protection Consent

Data Protection Notice: Bad Debt Solutions is registered with the Data Protection Commission and complies with the Data Protection Act, 2012 (Act 843). All information provided will be processed lawfully, stored securely, and used solely for debt recovery purposes.

- I consent to BDS processing the information provided in this form for the purpose of assessing and executing debt recovery services.
- I confirm that I have the authority to share debtor information with BDS on behalf of my organization.
- I agree to receive communications from BDS regarding this inquiry.

Signature

Company Stamp/Seal

Name:

Date:

For Office Use Only

Reference Number: _____ | Received By: _____ | Date: _____

Initial Assessment: _____ | Assigned To: _____