



Application for a grant from the Compensation Fund

This form is to help you make your application

When you have filled in the form, please send it to us at:

Solicitors Regulation Authority
Claims Management
8 Dormer Place
Leamington Spa
Warwickshire
CV32 5AE

DX 292321 Leamington Spa 4

Phone: 01926 487015

Fax: 01926 487062

Email: claims.management@sra.org.uk

www.sra.org.uk

PART 1

Your details

Mr

Mrs

Ms

Miss

Other _____

(Please give details)

Surname (or names):

First name (or names):

Address and postcode:

Daytime phone number:

E-mail address:

Have you already contacted us about this matter? Yes No

If 'Yes', please quote our reference number:

PART 2

Solicitor's details

Name of the solicitor you are making this application against:

Name of the firm:

Firm's address and postcode:

PART 3

Value of application

Amount of grant applied for: £

PART 4

Details of other interested people

Please give details of any other people who may have an interest in this application.

Please say what that interest is.

PART 5

Other places you can recover the loss from

Can you recover any part of the loss from another source, for example, insurance?

Yes No

If 'Yes', please give details.

PART 6

Statement

Please give the date (or approximate date) on which you first became aware of the loss.

Please say

- a) how the solicitor came to have the money you are applying for;
- b) when the solicitor received the money;
- c) what work the solicitor was doing for you; and
- d) how far the solicitor had got with the work.

**We may need further information or proof to support your application.
We will let you know if this is the case.**

PART 7

Supporting documents

Please send us any documents which prove your loss and list them below.

PART 8

Your new solicitor

Please give details of the solicitor you have instructed to send us this application.

Name of solicitor:

Name of firm:

Firm's address and postcode:

Firm's Document Exchange number (if you know it):

Firm's phone number:

Their reference number:

PART 9

Declaration

I confirm that I have suffered financial loss (as described in this form) which I believe is due to the solicitor's (or his employee's or manager's)

- a) dishonesty; or
- b) failure to pay me money (or pay money on my behalf) he received and I am suffering or likely to suffer hardship;

and I am applying to you for a grant out of the Compensation Fund.

I acknowledge that you will be entitled to any rights I may have against the solicitor to the extent of any grant paid to me, under Rule 17 Solicitors Compensation Fund Rules 2009. You may sue in my name on the basis that you will protect me against legal costs.

I transfer to you any rights I may have to recover the loss from the solicitor.

I give you permission to gather any information you need from other people and to give other people information about my application.

As far as I know, the information I have given is true. I acknowledge that I must tell you about any other information (for example, any money I recover or if I am made bankrupt) which may be relevant to this application.

If I am signing this form as the representative of another person, I confirm that they have authorised me to sign it.

Your signature: _____

Date:

Customer survey

We want to make sure that we give our customers the service they deserve. To do this, we need to know more about the background of the people we're trying to help.

This section of the form is optional. However, if you choose to answer the questions below, you will be helping us to help others. We promise you that

- your decision to answer or not answer the following questions will not affect the way we deal with your application; and
- when we receive your form, we will separate this section from the details of your application.

The information you give will be strictly confidential.

Ethnic origin

White

British

Irish

Other white background:

Mixed

White and black Caribbean

White and black African

White and Asian

Other mixed background:

Chinese or other ethnic group

Chinese

Any other background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian background:

Black or black British

Caribbean

African

Any other black background:

Gender

Male

Female

Age

25 and under

46 – 55

26 – 35

56 – 65

36 – 45

66 and over

Disability

Do you have any disability?

Yes

No

If 'Yes', please give details:

(These groups were used in the 2001 census. The Commission for Racial Equality also recommends them.)

Data protection notice

We will use information we have about your application for a grant. We may give that information to others involved in

- the application process;
- regulating the legal and other professions; or
- law enforcement generally.

We may also give certain information, confidentially, to the research organisations we use to measure our customer-satisfaction levels. If you do not want us to do this in your case, please tell our data controller. The address is below.

To help us maintain a record of solicitors' professional details, we will have to keep your application information after we have dealt with the application itself.

If any of the information you have given us is sensitive or personal under the Data Protection Act 1998 (for example, information about your health), you agree to us holding that information if you go ahead with your application.

You can apply to us for a copy of your information (for which we may charge a fee), and to have any mistakes corrected. You should contact our Information Compliance Manager at:

The Law Society

113 Chancery Lane

London

WC2A 1PL

Phone: 020 7242 1222 (This number is for questions about data-protection issues only.)

You can get this form, our literature and letters in large print, on audiotape and in Braille if you ask us.

If English is not your first language, please contact us.

We will send you a translated copy of our literature and letters.

Our minicom number is 01926 487020.