



Solicitors
Regulation
Authority

For our use only

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Claims Management Claim Form

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

Solicitors Regulation Authority
Claims Management
The Cube
199 Wharfside Street
Birmingham
B1 1RN

DX 720293 Birmingham 47

Phone: 0121 329 6830

Fax: 0121 616 2688

Email: claims.management@sra.org.uk

www.sra.org.uk

Part 1 – Your information

Mr Mrs Ms Miss Other _____ (Please give details)

Organisation name (if applicable):

Surname or Family name:

All other names in full:

Address:

.....

Postcode:

Daytime contact number(s):

Home:

Work:

Mobile:

E-mail address:

If you have already contacted us, please quote our reference number:

Are you aware of anyone else, or any organisation, who may have a claim or need to know of this claim (for example, a building society, an insurance company, the Legal Services Commission and so on)?

Yes No

If Yes, please give details:.....

Part 2 – Closed Firm's details

Name of the solicitor's firm you are making this claim against:.....

Firm's address and postcode

.....

.....

Name of the firm's staff member who you dealt with:

Part 3 – Your Claim

Are you aware of any money due to you from the firm? Yes No

If so, how much is it? £.....

Please give the date (or approximate date) on which you first became aware that you may have lost money because of the solicitor's firm

Have you suffered a financial loss as a result of a solicitor's dishonesty or failure to pay you money that they received?

Yes No

What type of work was the solicitor doing for you? Please provide as much information as possible along with any available supporting evidence (please continue on a separate sheet if necessary):

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.....
.....

Did you get public funding? Yes No

Have you paid the solicitor's costs? Yes No

If No, please say how much you believe is due to the Solicitor: £.....

Are you able to claim any part of the loss from another source, for example, insurance?

Yes No

If 'Yes, please give details

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.....
.....

Have you instructed a new solicitor? Yes No

If Yes, please give name and address

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.....
.....

If you have instructed a new solicitor to deal with your claim, please note that we will correspond with them only.

We may need further information or evidence to support your claim. We will let you know if this is the case.

Part 4 – Identification

Before we can process your claim you **must** provide a form of identification.

Acceptable proof of identity includes, but is not limited to, a photocopy of:

One of the following (**List A**):

- Current valid full passport
- Current United Kingdom, EU, Isle of Man, Channel Islands photo card driving licence (not a provisional licence)
- Current identity card issued by the UK Identity and Passport Service to a non-UK national resident in the UK

OR

Two of the following (**List B**) but no more than one of each type:

- Cheque guarantee card or credit card bearing the Mastercard or Visa logo, an American Express or Diners Club card, or a debit or multi-function card bearing the Maestro or Delta logo which was issued in the United Kingdom and is supported by an original account statement less than three months old*
- Utility bill less than three months old*
- Council tax bill for the current year
- Council rent book showing the rent paid for the last three months
- Mortgage statement for the mortgage accounting year just ended*

* These must be postal statements or bills; they must not be electronic versions.

Please tick the appropriate box to indicate which form of identification you have enclosed with this form.

Please note that your claim will not be processed unless identification is provided.

Photographic ID – a copy of your driving licence	
Photographic ID – a copy of your photographic passport	
Copies of 2 utility bills which display your name and address and which are dated within the last 3 months	

Please note that if you are a company, one of the directors is required to complete this form and provide one of the forms of identification above, together with proof of directorship. This may be in the form of a print off from Companies House or equivalent.

Lenders authorised and regulated by the Financial Conduct Authority and/or Prudential Regulation Authority are not required to provide identification.

Declaration

I confirm that I have had dealings with this firm and I want to claim any money they may owe me. I understand that if I am not entitled to some or all of the money I receive, I will return it to the Solicitors Regulation Authority within 21 days.

If I receive monies from the Compensation Fund, I acknowledge that you will be entitled to any rights I may have against the solicitor to the extent of any payment made to me. You may sue in my name on the basis that you will protect me against any 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 claim.

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 claim.

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

Your name

Your signature: Date:

For joint applications only:

Name of joint applicant

Signature of Joint Applicant Date:

The Solicitors Regulation Authority is committed to the promotion of equality and diversity. As such it will ensure that people can access its service and information. It will make reasonable adjustments where required and appropriate. If you wish to make a request, please contact us on 0121 329 6830.

Diversity Monitoring Form

Gender

What is your gender?

Male	
Female	
Prefer not to say	

Age

From the list of age bands below, please indicate the category that includes your current age in years:

16 - 24	
25 - 34	
35 - 44	
45 - 54	
55 - 64	
65+	
Prefer not to say	

Disability

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

(a) Do you consider yourself to have a disability according to the definition in the Equality Act?

Yes	
No	
Prefer not to say	

If yes, please state the type of disability that applies to you. You may experience more than one type of impairment, in which case you may tick more than one.

Physical impairment	
Hearing impairment	
Visual impairment	
Learning disability or difficulty	
Mental Health condition	
Long-standing illness or health condition	
Other (please specify)	
Prefer not to say	

Ethnic group

What is your ethnic group?

Asian / Asian British

Bangladeshi	
Chinese	
Indian	
Pakistani	
Any other Asian background (write in)	

Black / African / Caribbean / Black British

African	
Caribbean	

Any other Black / Caribbean / Black British (write in)	
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Mixed / multiple ethnic groups

White and Asian	
White and Black African	
White and Black Caribbean	
White and Chinese	
Any other Mixed / multiple ethnic background (write in)	

White

British / English / Welsh / Northern Irish / Scottish	
Irish	
Gypsy or Irish Traveller	
Any other White background (write in)	

Other ethnic group

Arab	
Any other ethnic group (write in)	

Prefer not to say

Prefer not to say	
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Religion

What is your religion?

No religion	
Buddhist	
Christian (all denominations)	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (write in)	
Prefer not to say	

Sexual Orientation

What is your sexual orientation?

Bisexual	
Gay man	
Gay woman / lesbian	
Heterosexual / straight	
Other	
Prefer not to say	