

Application for initial recognition of a partnership

This form is for a new partnership to apply for approval to practise under the SRA Recognised Bodies Regulations 2011.

Please refer to the notes which can be found at www.sra.org/rb1

If you need any assistance completing this form please telephone us on 0870 606 2555 or email us at contactcentre@sra.org.uk. Our lines are open from 09.00 to 17.00 Monday to Friday. If you are calling from overseas please use +44 (0) 1527 504450. Please note calls may be monitored/recorded for training purposes.

Section 1 - Name

| | |
|---|----------------------|
| Name under which the firm is to be recognised | <input type="text"/> |
| Name under which the firm will trade (if different) | <input type="text"/> |

Section 2 - Preferred practice commencement date

| | |
|---|----------------------|
| Please enter the date you would like your new firm to start providing legal services. | <input type="text"/> |
| Please note that you are unable to commence practice until the firm has been granted recognition | |

Section 3 - Head or main office details

| | | | |
|----------------------|----------------------|------------|----------------------|
| Address | | Tel no. | <input type="text"/> |
| <input type="text"/> | | Fax no. | <input type="text"/> |
| <input type="text"/> | | DX address | <input type="text"/> |
| <input type="text"/> | | Email | <input type="text"/> |
| Post code | <input type="text"/> | Website | <input type="text"/> |

Section 4 - Other offices

If you are providing details for more than four offices please photocopy this section before completion.
Please include any overseas offices.

| | | | |
|----------------------|----------------------|------------|----------------------|
| Address | | Tel no. | <input type="text"/> |
| <input type="text"/> | | Fax no. | <input type="text"/> |
| <input type="text"/> | | DX address | <input type="text"/> |
| <input type="text"/> | | Email | <input type="text"/> |
| Post code | <input type="text"/> | Website | <input type="text"/> |

| | | | |
|----------------------|----------------------|------------|----------------------|
| Address | | Tel no. | <input type="text"/> |
| <input type="text"/> | | Fax no. | <input type="text"/> |
| <input type="text"/> | | DX address | <input type="text"/> |
| <input type="text"/> | | Email | <input type="text"/> |
| Post code | <input type="text"/> | Website | <input type="text"/> |

| | | | |
|----------------------|----------------------|------------|----------------------|
| Address | | Tel no. | <input type="text"/> |
| <input type="text"/> | | Fax no. | <input type="text"/> |
| <input type="text"/> | | DX address | <input type="text"/> |
| <input type="text"/> | | Email | <input type="text"/> |
| Post code | <input type="text"/> | Website | <input type="text"/> |

| | | | |
|----------------------|----------------------|------------|----------------------|
| Address | | Tel no. | <input type="text"/> |
| <input type="text"/> | | Fax no. | <input type="text"/> |
| <input type="text"/> | | DX address | <input type="text"/> |
| <input type="text"/> | | Email | <input type="text"/> |
| Post code | <input type="text"/> | Website | <input type="text"/> |

Section 5 - Accountant's reports section

If the firm holds client money the firm and its partners will be required to deliver an accountant's report.

Will the firm hold or receive client money?

Yes

No

Will any partner, consultant or employee operate a client's own account as a signatory?

Yes

No

Intended date on which the first accounting period will start:
(commencement date of holding client money)

Please note the above date must not precede the date the firm is recognised

If it is intended that the firm will hold or receive client money (as defined in the SRA Accounts Rules) at any time during the period 1 November 2011 to 31 October 2012 you are required to submit a contribution to the Compensation Fund with this application (see section 19 in the notes).

Date on which the first accounting period is intended to end:
(Accountant's reports must be delivered no more than six months after the accounting period ends.)

Are you intending to submit separate accountant's reports for any of the offices listed in section 4?

Yes

No

If yes, for which offices?

Section 6 - Person qualified to supervise

Please provide the name of a partner qualified to supervise in compliance with Rule 12 of the SRA Practice Framework Rules 2011.

Name

SRA number
(if applicable)

You must have at least one lawyer partner who is qualified to supervise. You will need to refer to the notes if the person named above is not a solicitor.

Please note we will not proceed with this application if you are unable to comply with Rule 12.

Section 7 - Authorisation to take trainee solicitors

Does the firm wish to become authorised to take trainee solicitors?

Yes

No

If 'Yes' please provide the name of the proposed training principal in accordance with the SRA Training Regulations 2011.

Name

SRA number

Once your firm has been recognised, we will arrange to send you a form to apply for authorisation to take on trainee solicitors.

Section 8 - Main contacts

We contact firms at various times throughout the year. To enable us to contact the appropriate person please provide the relevant details below if you are able to.

| | | | | |
|--|---------------|----------------------|------------|----------------------|
| a) Authorised signatory | Name | <input type="text"/> | SRA number | <input type="text"/> |
| | Email address | <input type="text"/> | | |
| b) Designated complaints handler | Name | <input type="text"/> | SRA number | <input type="text"/> |
| | Email address | <input type="text"/> | | |
| c) Money laundering nominated officer | Name | <input type="text"/> | SRA number | <input type="text"/> |
| | Email address | <input type="text"/> | | |
| d) Accountant's report contact | Name | <input type="text"/> | SRA number | <input type="text"/> |
| | Email address | <input type="text"/> | | |
| e) Financial Services Authority (FSA) compliance officer | Name | <input type="text"/> | SRA number | <input type="text"/> |
| | Email address | <input type="text"/> | | |
| f) Training contact | Name | <input type="text"/> | SRA number | <input type="text"/> |
| | Email address | <input type="text"/> | | |

Section 9 - Indemnity insurance

Please provide information on the indemnity insurance cover you have arranged for the firm. Please note the minimum level of cover required under Rule 4 of the SRA Indemnity Insurance Rules is £2million in any one claim. If you are insured by more than one qualifying insurer please provide details in 'Additional information' below.

Name of qualifying insurer

Policy number

Period of cover

To

The firm is exempt/partially exempt (delete as appropriate) under Appendix 3.1 or 3.2 of the SRA Indemnity Insurance Rules

Yes No

If 'Yes' please provide details:

Date exemption granted

Name of insurer

Policy Number

Period of cover

To

Additional information

Please note if you do not have indemnity insurance your firm will not be recognised

Section 10 - Solicitor, registered European lawyer (REL) and registered foreign lawyer (RFL) partners

If you are giving information about more than four partners, please photocopy this page before completing.

| | | |
|--|---|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Main practising address (where the individual will be based) | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|--|---|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Main practising address (where the individual will be based) | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|--|---|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Main practising address (where the individual will be based) | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|--|---|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Main practising address (where the individual will be based) | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

Section 11 - Exempt European lawyer (EEL) partners

If you are giving information about more than two EEL partners (EEL is defined in the notes), please photocopy this page before completing.

| | | |
|--|---|-------------------------------|
| Surname | Forename(s) | SRA number (if applicable) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Professional title | Jurisdiction of qualification | |
| <input type="text"/> | <input type="text"/> | |
| Main practising address (where the individual will be based) | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |
| You must answer the following questions. | | |
| Will the individual be based entirely at an office or offices outside England and Wales? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the individual registered as a European lawyer with the Bar Standards Board? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the individual a lawyer of England and Wales (whether or not entitled to practise)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | |
|--|---|-------------------------------|
| Surname | Forename(s) | SRA number (if applicable) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Professional title | Jurisdiction of qualification | |
| <input type="text"/> | <input type="text"/> | |
| Main practising address (where the individual will be based) | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |
| You must answer the following questions. | | |
| Will the individual be based entirely at an office or offices outside England and Wales? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the individual registered as a European lawyer with the Bar Standards Board? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the individual a lawyer of England and Wales (whether or not entitled to practise)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 12 - Other lawyer partners

Please provide details of any other lawyer partners (other lawyer is defined in the notes). If you are giving information about more than two other lawyer partners, please photocopy this page before completing.

| | | | |
|---|----------------------|---|------------------------------|
| Surname | | Forename(s) | |
| <input type="text"/> | | <input type="text"/> | |
| Title e.g Mr, Mrs, Dr etc | Date of birth | SRA number (if applicable) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Main practising address (where the individual will be based) | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |
| Name of previous SRA regulated firm (if applicable) | | Date left previous SRA regulated firm (if applicable) | |
| <input type="text"/> | | <input type="text"/> | |
| Type of lawyer e.g Barrister, Legal Executive etc | | Date qualified | |
| <input type="text"/> | | <input type="text"/> | |
| You must answer this question. | | | |
| Has the firm obtained written confirmation from the approved regulator named above that the individual is authorised by that regulator, entitled to practise and not subject to a condition or other restriction which would preclude the individual from becoming a partner? | | | Yes <input type="checkbox"/> |
| | | | No <input type="checkbox"/> |

| | | | |
|---|----------------------|---|------------------------------|
| Surname | | Forename(s) | |
| <input type="text"/> | | <input type="text"/> | |
| Title e.g Mr, Mrs, Dr etc | Date of birth | SRA number (if applicable) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Main practising address (where the individual will be based) | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |
| Name of previous SRA regulated firm (if applicable) | | Date left previous SRA regulated firm (if applicable) | |
| <input type="text"/> | | <input type="text"/> | |
| Type of lawyer e.g Barrister, Legal Executive etc | | Date qualified | |
| <input type="text"/> | | <input type="text"/> | |
| You must answer this question. | | | |
| Has the firm obtained written confirmation from the approved regulator named above that the individual is authorised by that regulator, entitled to practise and not subject to a condition or other restriction which would preclude the individual from becoming a partner? | | | Yes <input type="checkbox"/> |
| | | | No <input type="checkbox"/> |

Section 13 - Legally qualified body partners

Please provide details of any legally qualified bodies (legally qualified body is defined in the notes), which are to be partners of the firm in accordance with Rule 16.1 of the SRA Practice Framework Rules 2011.

If you are giving information about more than one legally qualified body partner please photocopy this page before completing.

| | |
|--|----------------------------|
| Name of legally qualified body | SRA number (if applicable) |
| <input type="text"/> | <input type="text"/> |
| Type of body (i.e. company, LLP incorporated in England and Wales, Scotland or Northern Ireland, or partnership with legal personality) | |
| <input type="text"/> | |
| Please tick one of the following. Is the body a: | |
| Recognised body | <input type="checkbox"/> |
| Authorised non-SRA firm | <input type="checkbox"/> |
| European corporate practice | <input type="checkbox"/> |
| If so, please name the approved regulator | |
| <input type="text"/> | |
| Main office address (this should be the registered office if the body is a body corporate and should include the country of incorporation) | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| Website address | |
| <input type="text"/> | |

Section 14 - Solicitor/REL/RFL employees

Please provide details of any prospective solicitor/REL/RFL employees if you are able to.

If you are giving information about more than four employees, please photocopy this page before completing.

Status for solicitor/REL/RFL employees must be one of the following: associate, assistant, employee, consultant or professional support lawyer.

| | | |
|-------------------------------|--|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Status | Main practising address (where the individual will be based) | |
| <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|-------------------------------|--|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Status | Main practising address (where the individual will be based) | |
| <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|-------------------------------|--|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Status | Main practising address (where the individual will be based) | |
| <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|-------------------------------|--|----------------------|
| Surname | Forename(s) | SRA number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Status | Main practising address (where the individual will be based) | |
| <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | |
| Name of previous/current firm | Date left previous firm (if applicable) | |
| <input type="text"/> | <input type="text"/> | |

Section 15 - Other information

1. Associations

Introductions and referrals

Does the firm have or intend, in its first twelve months, to enter into arrangements with third parties for the introduction of work to the firm?

Yes No

If "Yes", please provide in respect of each introducer – name of introducer; date or intended date of commencement of arrangement (if known); type of work; percentage of the firm's total fee income expected to arise from the arrangement; the total sum or other consideration expected to be paid or given to the introducer (within the first twelve months).

Sharing fees

Does the firm have or intend, in its first twelve months, to enter into arrangements with third parties:

a) to share (directly or indirectly) the firm's professional fees with another person or business? Yes No

b) to receive a share (directly or indirectly) of the professional fees of another person or business? Yes No

If "Yes" to a) or b), please provide in respect of each arrangement – name of person or business; date or intended date of commencement of arrangement (if known); nature of the arrangement; type of work; percentage of the firm's total fee income expected to be paid to or arise from such arrangements; the total sum or other consideration expected to be paid, given to or received from each person or business (within the first twelve months).

2. Involvement/influence

Does or will the firm or any partner have any arrangements, relationships or connections with third parties that may allow another party to have any influence over the running of the firm?

Yes No

If "Yes", please provide details in respect of each relevant partner

3. Other roles

Will any of the partners be engaged in any activities outside of the firm which could detract from their responsibilities as a partner of this firm?

Yes No

If "Yes", please provide details in respect of each relevant partner.

4. Reliance on single income source

Does the firm anticipate that any single client, group of clients or referral source will account for more than 20% of your estimated total gross fees for the first twelve months of practice?

Yes No

Section 16 - Character and suitability of partners

Have any of the partners named in this form, been subject to, or affected by, any of the matters or events referred to in Regulation 3.1 of the SRA Practising Regulations 2011 since their last declaration to the SRA? (See notes).

Yes No

If 'Yes' please provide a **FULL STATEMENT OF EVENTS** and supporting documentation.

Section 17 - Turnover

Please read the notes before completing this section.

Recognised bodies are required to pay periodical fees (normally annually) which are calculated using the firm's turnover. The way the turnover is determined will vary depending on whether the firm, on approval, is a New Recognised Body or a Successor Recognised Body. (See notes)

Please complete this section to provide an appropriate turnover figure.

1. Will this firm, on approval, be a New Recognised Body (i.e. not a Successor Recognised Body or a change in status)? Yes No

If "Yes" please provide an estimated turnover figure for the first twelve months of practice.

Numerical: £

| | | |
|----------|-----------|----------|
| Millions | Thousands | Hundreds |
| □ □ □ | □ □ □ | □ □ □ |

,

| | | |
|-------|-------|-------|
| □ □ □ | □ □ □ | □ □ □ |
|-------|-------|-------|

Please write out the firm's estimated turnover figure for the first twelve months of practice (as above) in words:

Please provide the basis upon which the firm has made the estimate on a separate sheet.

2. Will this firm, on approval, be a Successor Recognised Body? Yes No

If "Yes" has a Notice of Succession been submitted? Yes No

Notice of Succession submission date

If "No" please provide an explanation on a separate sheet.

3. Is this firm an existing recognised body which is changing its legal status (e.g. LLP to partnership)? Yes No

If "Yes" please provide your firm's total turnover from your last complete accounting period prior to 1 November 2011 as if there were no change in status. This must comply with the SRA's definition of turnover, which is referred to in the notes.

Numerical: £

| | | |
|----------|-----------|----------|
| Millions | Thousands | Hundreds |
| □ □ □ | □ □ □ | □ □ □ |

,

| | | |
|-------|-------|-------|
| □ □ □ | □ □ □ | □ □ □ |
|-------|-------|-------|

Please write out the firm's total turnover (as above) in words:

Please confirm the accounting period to which the above turnover figure relates:

From / / To / /

Please tick one of the following. The above turnover figure is:

Based on closed accounts

An estimate as the accounts for the period above have not yet been closed

An estimate for the first twelve months as the firm commenced trading after 1 November 2010

Has your accountant(s) provided written confirmation of the above figure?

The SRA may request a copy of this confirmation.

Section 18 - Declaration of compliance

Please read the notes before completing this section.

Knowingly or recklessly giving the SRA information which is false or misleading in a material particular, or failure to inform the SRA of materially significant information of which the firm or the partners are aware, may lead to disciplinary action by the SRA.

Recognition of the partnership could be revoked if granted as a result of error or fraud.

I confirm that:

- I am a solicitor or REL;
 - I am a partner (or a manager of a corporate partner);
 - I have read the guidance notes; and
 - I am authorised by all partners in the firm to make the following declarations on behalf of the firm.
- 1) There are no partners other than those named in this application.
 - 2) There is participation by solicitors and/or RELs in compliance with Rule 13.1(a) of the SRA Practice Framework Rules 2011; and all partners and all persons with any ownership interest or controlling any voting rights in the firm are within Rule 16.1 of the SRA Practice Framework Rules 2011.
 - 3) The firm is in compliance with Regulation 4 of the SRA Recognised Bodies Regulations 2011 and, if requested by the SRA, will produce written evidence of the checks undertaken as to eligibility.
 - 4) All bodies referred to in this application are legally qualified bodies as defined by the SRA Handbook.
 - 5) The firm and the partners understands that the SRA will make such enquiries and seek such further information as it considers appropriate in the course of verifying the information given in this application to ensure compliance with the SRA Handbook including the SRA Recognised Bodies Regulations 2011.
 - 6) The information in this application is accurate and complete to the best of the knowledge and belief of the partners in the firm.

Individual's full name

Individual's signature

SRA number

Date

Please note under 6.1 of the SRA Recognised Bodies Regulations and under 7.1 of the SRA Practising Regulations the SRA may impose one or more conditions on a recognised body's recognition, a solicitor's practising certificate, or on the registration of a European lawyer.

Section 19 - Fees

Please refer to the notes before completing this section.

| | |
|--------------------------------|----------------------|
| Firm fee | <input type="text"/> |
| Compensation Fund contribution | <input type="text"/> |
| Total fees due and enclosed | <input type="text"/> |

Section 20 - Returning the form

Please return the form, supporting documents and list of enclosures to:

Operations Unit
Solicitors Regulation Authority
Ipsley Court
Berrington Close
Redditch
B98 0TD

or DX 19114
Redditch

Section 21 - Application checklist

To help us process your application quickly please check that:

- The declaration is signed and dated.
- Indemnity insurance details are provided, including the policy number and qualifying insurer.
- Any additional sheets are labelled and attached securely to the form.
- Full payment (either cheque or methods of payment form) has been attached to this application.