

Application for initial recognition of a company

This form is for a new company 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/rb3

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 company is to be recognised | <input type="text"/> |
| Name under which the company will trade (if different) | <input type="text"/> |
| Are you an existing recognised body (i.e. converting to a company)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| By answering 'Yes' you are confirming the closure of the existing recognised body once recognition has been granted for the new company (Please see notes) | |
| If 'Yes' please provide the existing recognised body's SRA number. | <input type="text"/> |

Section 2 - Preferred practice commencement date

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

Section 3 - Registered office details

A recognised body which is a company must be incorporated and registered under one of the following options.

| | |
|---|--------------------------|
| Please tick one of the following. Is the company: | |
| Incorporated and registered in England and Wales, Scotland or in Northern Ireland under Parts 1 and 2 of the Companies Act 2006 | <input type="checkbox"/> |
| Incorporated in an Establishment Directive state and registered as an overseas company under Part 34 of the Companies Act 2006 | <input type="checkbox"/> |
| Incorporated and registered in an Establishment Directive state as a <i>societas Europaea</i> . | <input type="checkbox"/> |

Section 3 - Registered office details (Cont)

| | | | |
|--|----------------------|------------|----------------------|
| Registered number | | | |
| <input type="text"/> | | | |
| Address (including country of incorporation) | | | |
| Please note this must be a practising address (see Rule 15.5 of the SRA Practice Framework Rules 2011) | | | |
| <input type="text"/> | | 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 three offices please photocopy this section before completion.
(Please include any overseas offices).

| | | | |
|----------------------|----------------------|------------|----------------------|
| Address | | | |
| <input type="text"/> | | 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 | | | |
| <input type="text"/> | | 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 | | | |
| <input type="text"/> | | 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 company holds client money the company and its directors will be required to deliver an accountant's report.

Will the company hold or receive client money?

Yes No

Will any director 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 company 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 20 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 director 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 director 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 company 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 company 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 £3million for 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 company will not be recognised

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

A company must have at least one director who is a solicitor or a REL in compliance with Rule 13.1(a) of the SRA Practice Framework Rules 2011. If you are giving information about more than two directors, 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"/> | |
| You must answer both of these questions. | | |
| Will the individual be a registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | |
|--|---|-----------------------------|
| 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"/> | |
| You must answer both of these questions. | | |
| Will the individual be registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 11 - Exempt European lawyer (EEL) directors

If you are giving information about more than two EEL directors (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 all of 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"/> |
| Will the individual be a registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | 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 all of 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"/> |
| Will the individual be a registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 12 - Other lawyer directors

Other lawyer is defined in the notes. If you are giving information about more than two other lawyer directors, 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 all of the following questions. | | |
| 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 director? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the individual be a registered member of this company? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | | 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 all of the following questions. | | |
| 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 director? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the individual be a registered member of this company? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 13 - Solicitor/REL/RFL employees

Please provide details of any prospective solicitor/REL/RFL employees.

If you are giving information about more than two such individuals, 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"/> | |
| You must answer both of these questions. | | |
| Will the individual be a registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | |
|---|--|-----------------------------|
| 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"/> | |
| You must answer both of these questions. | | |
| Will the individual be a registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the individual be a shareowner of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 14 - Other individual members and/or shareowners

Please provide details of any other individual members and/or shareowners. If you are giving information about more than one individual member and/or shareowner please photocopy this page before completing.

| | | |
|--|------------------------------|--|
| Surname | Forename(s) | SRA number (if applicable) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| You must answer all of the following questions. | | |
| 1) Please tick one of the following. Are you: | | |
| a solicitor | <input type="checkbox"/> | |
| an REL | <input type="checkbox"/> | |
| an RFL | <input type="checkbox"/> | |
| an EEL | <input type="checkbox"/> | (If you are not already recorded as an EEL with the SRA, refer to notes) |
| an "other lawyer" | <input type="checkbox"/> | Type of lawyer <input type="text"/> |
| | | (e.g Barrister, Legal Executive) |
| 2) Will the individual be a registered member of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Will the individual be a shareowner of this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 15 - Legally qualified body members and/or shareowners

Please provide details of any legally qualified bodies (legally qualified body is defined in the notes), which are to be members and/or shareowners of the firm in accordance with Rule 16.1 of the SRA Practice Framework 2011. If you are giving information about more than one legally qualified body member and/or shareowner please photocopy this page before completing.

| | |
|---|--|
| Name of legally qualified body | SRA number (if applicable) |
| <input type="text"/> | <input type="text"/> |
| Type of body (e.g. company, partnership, LLP 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 in which the body was formed or incorporated). | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| Website address | |
| <input type="text"/> | |
| You must answer both of these questions. | |
| Will the legally qualified body be a registered member of this company? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the legally qualified body be a shareowner of this company? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 16 - Other information

1. Associations

Introductions and referrals

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

a) to share (directly or indirectly) the company'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 company or any directors have any arrangements, relationships or connections with third parties that may allow another party to have any influence over the running of the company? Yes No

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

3. Other roles

Will any of the directors be engaged in any activities outside of the company which could detract from their responsibilities as a director of this company? Yes No

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

4. Reliance on single income source

Does the company 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 17 - Character and suitability of directors

Have any of the directors 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 18 - 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. partnership to company)? 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 19 - 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 company or the directors are aware, may lead to disciplinary action by the SRA.

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

I confirm that:

- I am a solicitor or REL;
 - I am a director;
 - I have read the notes; and
 - I am authorised by all directors in the company to sign this form and to make the following declarations on behalf of the company and the directors.
- 1) There are no directors, registered members or shareowners 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 directors and all persons with any ownership interest or controlling any voting rights in the company are within Rule 16.1 of the SRA Practice Framework Rules 2011.
 - 3) The company 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 company and its directors understand 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 directors in the company.

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 20 - Fees

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

Section 21 - 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 22 - 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.