

Application for initial authorisation as a recognised sole practitioner

This form is for a solicitor or registered European lawyer to apply for approval to practise as a recognised sole practitioner under the SRA Practising Regulations 2011.

Please refer to the notes which can be found at www.sra.org/RSP1

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 - Applicant details

Surname Forename(s)

SRA number E-mail address

Do you hold a current practising certificate? Yes No

Are you registered in the register of European lawyers? Yes No

If you have answered "No" to both of the above questions, have you submitted an application for a practising certificate or for registration? Yes No

Address for application correspondence (see notes).

Name of your current/previous firm

Date left, or expect to leave, previous/current firm (if applicable)

Are you qualified to supervise in compliance with Rule 12 of the SRA Practice Framework Rules 2011? Yes No

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

Section 2 - Firm name

Name under which your firm is to be registered

Name under which your firm will trade (if different)

Section 3 - Preferred practice commencement date

Please enter the date you would like your new firm to start providing legal services

Please note, you are not entitled to practise as a sole practitioner without recognition.

Does this application arise as a result of a split in a recognised body partnership?

Yes No

If 'Yes' please provide the name and SRA number for that partnership

Name of partnership

SRA number

Do you need temporary emergency recognition?

Yes No

Please refer to the notes if you require temporary emergency recognition.

Section 4 - Head or main office details

Address

Tel no.

Fax no.

DX address

Email

Postcode

Website

Will this be your main practising address (where you will be based)?

Yes No

Section 5 - Other offices

If you are providing details for more than four 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"/>
Postcode <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"/>
Postcode <input type="text"/>	Website	<input type="text"/>

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<input type="text"/>	DX address	<input type="text"/>
<input type="text"/>	Email	<input type="text"/>
Postcode <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"/>
Postcode <input type="text"/>	Website	<input type="text"/>

If you will not be based at the firm's head/main office, at which of these offices will you be based?

Section 6 - Accountant's reports section

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

Will you hold or receive client money?

Yes No

Will you or any 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 on which you are approved.

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 15 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 5?

Yes No

If yes, for which offices?

Section 7 - Authorisation to take trainee solicitors

Do you wish your firm to become authorised to take trainee solicitors?

Yes No

If 'Yes' would you be the training principal?

Yes No

If 'No' please provide the name of the proposed training principal

Name

SRA number (if applicable)

When you have been granted approval to practise as a recognised sole practitioner, 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 not that person.

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 your firm. Please note the minimum level of cover required under Rule 4 of the SRA Indemnity Insurance Rules is £2million 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

Date exemption granted

Name of insurer

Policy Number

Period of cover

To

Additional information

Please note if you do not have indemnity insurance your application will not be approved.

Section 10 - 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 3 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 Status

Main practising address (where the individual will be based)

Name of previous/current firm

Date left, or expect to leave, previous firm (if applicable)

Surname Forename(s)

SRA number Status

Main practising address (where the individual will be based)

Name of previous/current firm

Date left, or expect to leave, previous firm (if applicable)

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SRA number Status

Main practising address (where the individual will be based)

Name of previous/current firm

Date left, or expect to leave, previous firm (if applicable)

Section 11 - Other information

1. Associations

Introductions and referrals

Do you have, or intend in the firm's 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

Do you have or intend in the firm's 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

Do you or will you 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.

3. Other roles

Will you be engaged in any activities outside of the firm which could detract from your responsibilities as the sole principal of the firm?

Yes No

If "Yes", please provide details.

4. Reliance on single income source

Do you 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 12 - Character and suitability

Have you 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 your last declaration to the SRA? (See notes).

Yes No

Have you been involved in other conduct which calls into question your honesty, integrity or respect for law?

Yes No

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

Section 13 - Turnover

Please read the notes before completing this section.

Recognised sole practitioners are required to pay periodical fees (normally annually) which are calculated using the firm's turnover. The way the turnover is determined will depend on whether you are, on approval a New Recognised Sole Practitioner or a Successor Recognised Sole Practitioner. (See notes)

Please complete this section to provide an appropriate turnover figure.

1. Will you, on approval, be a New Recognised Sole Practitioner (i.e. not a Successor Recognised Sole Practitioner)?

Yes No

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

Numerical: £

	Millions					Thousands					Hundreds			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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 you, on approval, be a Successor Recognised Sole Practitioner?

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.

Section 14 - Declaration of compliance

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 you are aware, may lead to disciplinary action by the SRA.

Approval to practise as a recognised sole practitioner could be revoked if granted as a result of error or fraud.

I confirm that I have read the guidance notes and I make the following declarations.

- 1) I am the sole principal of the firm.
- 2) No other person will be held out as a partner in the firm.
- 3) I 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 Practising Regulations 2011.
- 4) The information in this form is accurate and complete to the best of my knowledge and belief.

Applicant's signature

Date

Please note under 7.1 of the SRA Practising Regulations the SRA may impose one or more conditions on a solicitor's practising certificate, or on the registration of a European lawyer.

Section 15 - Fees

Please refer to the notes before completing this section

Firm fee

Compensation Fund contribution

Total fees due and enclosed

