

# FA7 - Death of a Sole Practitioner Temporary Emergency Authorisation



This form is to make an application for:

Temporary emergency authorisation of a recognised sole practice where a sole practitioner of an existing recognised sole practice has died.

This application can only be made by a solicitor or Registered European Lawyer (REL) who is:

1. the sole practitioner's executor;
2. a practice manager appointed by the sole practitioner's personal representatives; or
3. an employee of the existing recognised sole practice.

Before completing the application form, please ensure you:

- meet the requirements of [Rule 25.5 of the SRA Authorisation Rules 2011](#); and
- have contacted the Firm Based Authorisation team to discuss if this application is appropriate in your case.

Any incomplete forms will not be accepted.

This form is an editable PDR. Please save on your computer before and after completing.

Please this form using a Windows based operating system. The PDR application must be created with Adobe PDR. Please note this form is not compatible with MAC computers.

## Section 1 - Firm details

1.1 Name of the existing recognised sole practice:

SRA Number:

1.2 Name of the sole practitioner that has died:

SRA Number:

1.3 Date of death of the sole practitioner:

Date notified to the SRA:

**You need to notify us of the death within seven days under rule 25.5(a)(i) of the SRA Authorisation Rules 2011. Our number is 0370 606 2555.**

**This form must be submitted within 28 days of the date of death.**

1.4 Firm contact

The applicant is the firm that will operate as the recognised sole practice. All questions relate to the applicant and are about the applicant, unless otherwise stated.

Contact name:

Role:

Address of firm contact:

DX Number:

DX Town:

Town:

Postcode:

County:

Tel Number:

Email address:

## Section 2 - Address details

### 2.1 Head office address

Address:

Postcode:

DX Number:

Town:

DX Town:

County:

Tel Number:

Email address:

Practising styles and/or trading names utilised for this office:

### 2.2 Other offices

Are there any branch offices?

YES

NO

If **YES**, please provide details:

## Section 3 - Indemnity insurance

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

3.1 Is the applicant exempt or partially exempt under Appendix 3.1 or 3.2 of the SRA Indemnity Insurance Rules?

Exempt:

Partially Exempt:

Not Exempt:

Date exemption granted:

3.2 Name of participating insurer:

3.3 Policy number:

Period of cover from:

To:

**Please attach a copy of the held cover policy schedule or a valid quotation from your approved indemnity insurance provider(s).**

**Copy attached**

3.4 If you will continue with cover already in place for the practice, please:

- confirm the insurer been made aware of the sole practitioner's death
- provide copies of communications in this respect.

**YES**

**Attached**

Additional information:

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

## Section 4 - Acting sole practitioner details

For the purposes of this application, we refer to the person who will hold the sole practitioner role on behalf of the deceased as the 'acting sole practitioner'.

### 4.1 Basic details

Title: Forename(s): Surname:

### 4.2 Professional details

Solicitor OR Registered European Lawyer

SRA Number:

### 4.3 Eligibility

Is the acting sole practitioner:

- |  |     |    |
|--|-----|----|
| • the sole practitioner's executor   | YES | NO |
| • a practice manager appointed by the sole practitioner's personal representatives | YES | NO |
| • an employee of the existing recognised sole practice                             | YES | NO |

**The acting sole practitioner must be one of the above to be eligible.**

### 4.4 Qualified to supervise

Please confirm that the acting sole practitioner is qualified to supervise in accordance with Rule 12 of the SRA Practice Framework Rules 2011.

YES

## Section 5 - Insurance mediation officer

5.1 Does the applicant undertake insurance mediation activities in accordance with Part XX of the Financial Services and Markets Act 2000? YES NO

If **YES**, please provide details of the applicant's insurance mediation officer:

Name: SRA number:

Email address:

## Section 6 - Compliance officers

6.1 Who will be the Compliance Officer for Legal Practice (COLP)?

Full name: SRA Number:

6.2 Who will be the Compliance Officer for Finance and Administration (COFA)?

Full name: SRA Number:

6.3 If the COLP and/or COFA is the acting sole practitioner, are they deemed approved to hold the role(s) under Rule 13.3 of the SRA Authorisation Rules 2011? YES NO

6.4 If the COLP is not deemed approved to hold that role, is the individual already approved in that role for the current firm? YES NO

6.5 If the COFA is not deemed approved to hold that role, is the individual already approved in that role for the current firm? YES NO

**If a candidate is not deemed approved and does not already have approval in the firm, please submit form FA2 for each candidate requiring approval as a compliance officer.**

## Section 7 - Declaration

This section is to be completed by the acting sole practitioner.

Knowingly or recklessly giving false or misleading information, or failing to inform us of significant information, may lead us to:

- reject the application
- reject the application for approval of an authorised role holder
- revoke authorisation
- withdraw approval of a role holder, and/or
- take disciplinary action.

You should not assume that information is known to us because it is in the public domain, or has previously been disclosed to us or another regulatory body. If you are in any doubt about the relevance of information, you should include it in this application.

The submission of this PDF constitutes a proper application and the act of submission is evidence of a binding signature.

We may make enquiries and seek further information considered necessary in determining this application.

In making this application on behalf of the applicant:

7.1 I confirm that the information in this application about the applicant and all candidates is correct and complete to the best of my knowledge and belief.

7.2 I confirm that I have authority to make this application and the declarations on behalf of the applicant and all candidates named in this application.

7.3 I confirm the compliance officers consent to their nomination.

7.4 I confirm that I will notify you as soon as any information provided in this application changes.

7.5 I confirm that the applicant believes, on the basis of due and diligent enquiry, that each candidate is a fit and proper person.

Where a COLP or COFA candidate is not deemed to be approved but is already approved in the existing practice, we will not require them to complete a new application for approval as long as there are no new suitability issues. In such cases, please confirm the following relevant declarations:

7.6 I confirm that the COLP remains suitable to undertake that role.

7.7 I confirm that the COFA remains suitable to undertake that role.

### Acting sole practitioner

7.8 Please confirm the details of the acting sole practitioner making this declaration. This person must be the same as that listed at Section 4 of this form:

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_  
Title: \_\_\_\_\_ SRA Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Role: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If completed electronically, please tick to confirm this declaration

## Section 8 - Returning the form

Please return the form, supporting documents and list of enclosures by email to: [authorisation@sra.org.uk](mailto:authorisation@sra.org.uk)

## Section 9 - Applicant checklist

### Applicant checklist

To help us process your application quickly please check that:

- 9.1 The applicant declaration has been signed and dated.
- 9.2 Any additional information has been labelled and attached to the email.
- 9.3 You have attached a copy of the indemnity insurance information detailed at Section 3.
- 9.4 You have attached any additional forms required for the COLP and/or COFA.
- 9.5 You have attached copies of any correspondence you have had with the SRA regarding this application or in contemplation of it.

## Section 10 - What we will do with your data

### Privacy notice

The Law Society is the data controller of the personal information we collect. We are the independent, regulatory arm of the Law Society, and operate separately from it.

The Legal Services Act 2007 (the Act) makes it an offence for any "person" to provide reserved legal activities unless authorised by a legal services regulator, such as the SRA, to do so. Also, under the Administration of Justice Act 1985, we authorise firms as suitable to provide solicitor services.

The personal data provided in this form is used to update our records, conduct relevant checks and contact individuals where required for regulatory purposes.

Further details regarding your rights under data protection legislation and how your information is used can be found here: <https://www.sra.org.uk/dpa/>