

FA5 - Application for Temporary Emergency Authorisation



This form is to make an application for temporary emergency authorisation as a:

1. Sole Practitioner
2. Partnership

under [Rule 25 of SRA Authorisation Rules 2011](#).

Before completing the application form please read the guidance provided www.sra.org.uk/solicitors/firm-based-authorisation/authorisation-recognition.page on the SRA Firm Based Authorisation page which will outline the step by step process.

Any incomplete forms will not be accepted.

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

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

Section 1 - Basic Application Details

1.1 Proposed firm name:

1.2 Application Type

Is this an application for: (select appropriate)

Licensed Body

Recognised Body

Recognised Sole Practice

If you are applying as a Licensed Body. Please contact the SRA on 0121 396 6835 for additional advice.

1.3 Name of previous SRA authorised body:

SRA number:

1.4 Was this body a:

Recognised body

Licensed body

1.5 Date or expected date of event giving rise to this application:

1.6 Details of event giving rise to this application:

1.7 Firm Contact

The applicant will operate as the Authorised Body. All questions relate to the applicant and are about the applicant, unless otherwise stated.

Applicant firm contact:

Role:

Address of firm contact:

DX Number:

City/Town:

DX Town:

Postcode:

County:

Telephone No.

Email Address:

For the purposes of granting temporary emergency authorisation, this person will also be the applicant's Authorised Signatory and have access to the organisation's mySRA record.

Section 2 - Address Details

The applicant must provide details concerning itself.

2.1 Head Office

Please provide the Head Office address of the applicant.

Address:

DX Number:

DX Town:

City/Town:

Postcode:

County:

Telephone No.

Email Address:

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

2.3 Are there any branch offices:

YES

NO

If **YES**, please provide details:

Section 3 - 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 £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 Name of participating insurer:

3.2 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 providers.

Copy attached

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

YES

NO

3.4 Date exemption granted:

3.5 Name of insurer:

3.6 Policy number:

Period of cover from:

To:

Additional information:

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

Section 4 - Sole Practitioner or Partner Details

4.1 Sole Practitioner

Please provide the details of the sole practitioner or of any individual partners. Please also confirm, if a solicitor partner, whether they meet the deeming provisions set out under Rule 13.2 of the SRA Authorisation Rules 2011. If a solicitor partner does not meet these deeming provisions, please provide details on a supplemental sheet and submit with this application.

Title	Forename(s)	Surname	Profession	SRA number	Deemed	Office Address

If there is not enough space please provide a supplemental page.
Please tick here if additional sheets will be attached.

4.2 Authorised Body Partners

Please provide details of any authorised bodies which are to be partner of the applicant. Please confirm whether any are deemed approved pursuant to Rule 13.2 of the SRA Authorisation Rules 2011.

Name	Company House number	Regulator	SRA number	Deemed

If there is not enough space please provide a supplemental page.

Please tick here if additional sheets will be attached.

Section 5 - Person Qualified to Supervise

5.1 Please provide the name of the manager or sole practitioner who is qualified to supervise in compliance with Rule 12 of the SRA Practice Framework Rules 2011.

The applicant must have at least one lawyer manager or sole practitioner who is qualified to supervise.

Name:

SRA number:

Section 6 - Insurance Mediation Officer

6.1 Does the applicant intend to 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 7 - Compliance Officer for Legal Practice (COLP)

The COLP and Compliance Officer for Finance and Administration (COFA) has duties under the SRA Authorisation Rules 2011 and must be of sufficient seniority and in a position of sufficient responsibility to fulfil the role.

7.1 COLP Personal Details

Role Held: COLP Is this person also the COFA

If this person is both the COLP and COFA, you do not need to complete Section 8.

7.2 Please provide details of the Compliance Officer:

Title: Forename(s):

Surname: Former name(s):

Date of birth: Nationality:

7.3 Is the individual a citizen of the EU? YES NO

If **NO** does the individual have the legal right to remain in the United Kingdom? YES NO

7.4 Does the individual have the legal right to work in the United Kingdom? YES NO

7.5 Visa number: Visa expiry date:

7.6 If the answer is **NO** to either of these two questions, please provide a full statement explaining the individual's current circumstances.

To grant an application where an individual has no legal right to remain or work in the United Kingdom could be contrary to the public interest and Immigration Regulations.

7.7 COLP Profession Details

Details of address where the Compliance Officer will be working.

Address: DX Number:

DX Town:

City/Town: Postcode:

County: Telephone No:

Email Address: Fax No:

7.8 Is the individual a lawyer of England and Wales or a registered European lawyer (REL) with the SRA or a European lawyer registered with the Bar Standards Board? YES NO

If **YES** is the individual entitled to practise?

YES

NO

Type of lawyer:

Registration number:

7.8 Professional and/or regulatory body of which the individual is a member:

7.9 Please select if any of the following applies to the individual:

The individual is disqualified from being a manager of a body licensed by the SRA or any other approved regulator.

The individual has been struck off the roll.

The individual is suspended from practising as a solicitor.

The individual's practising certificate has been suspended whilst the individual is an undischarged bankrupt.

There is a direction in force in respect of Section 47 (2)(g) of the Solicitors Act 1974.

There is an order in force in respect of Section 43 of the Solicitors Act 1974.

7.10 Is the individual regulated by any other regulator?

YES

NO

If **YES** please provide details of the regulator:

7.11 Position/Status within the applicant:

Section 8 - Compliance Officer for Finance and Administration (COFA)

The COLP and COFA has duties under the SRA Authorisation Rules 2011 and must be of sufficient seniority and in a position of sufficient responsibility to fulfil the role.

8.1 COFA Personal Details

Please provide details of the Compliance Officer

Title: Forename(s):

Surname: Former name(s):

Date of birth: Nationality:

8.2 Is the individual a citizen of the EU? **YES** **NO**

If **NO** does the individual have the legal right to remain in the United Kingdom? **YES** **NO**

8.3 Does the individual have the legal right to work in the United Kingdom? **YES** **NO**

8.4 Visa number: Visa expiry date:

8.5 If the answer is **NO** to either of these two questions, please provide a full statement explaining the individual's current circumstances.

To grant an application where an individual has no legal right to remain or work in the United Kingdom could be contrary to the public interest and Immigration Regulations.

8.6 COFA Profession Details

Details of address where you will be working.

Address: DX Number:

DX Town:

City/Town: Postcode:

County: Tel No:

Fax No:

Email Address:

8.7 Is the individual a lawyer of England and Wales or a registered European lawyer (REL) with the SRA or a European lawyer registered with the Bar Standards Board? **YES** **NO**

If **YES** is the individual entitled to practise? **YES** **NO**

8.8 Type of lawyer:

Registration number:

8.9 Professional and/or regulatory body of which the individual is a member:

8.10 Please select if any of the following applies to the individual:

The individual is disqualified from being a manager of a body licensed by the SRA or any other approved regulator.

The individual has been struck off the roll.

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There is a direction in force in respect of Section 47 (2)(g) of the Solicitors Act 1974.

There is an order in force in respect of Section 43 of the Solicitors Act 1974.

8.11 Is the individual regulated by any other regulator?

YES

NO

If **YES** please provide details of the regulator:

8.12 Position/Status within the applicant:

Section 9 - Declaration

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.

In making this application on behalf of the applicant:

- 9.1 I confirm that I have read and understood the guidance notes. The information in this application about the applicant and all candidates is correct and complete to the best of my knowledge and belief.
- 9.2 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.
- 9.3 I have obtained the necessary consents from each of the candidates for you to disclose to the applicant the results of any checks of any information, and any documents held in respect of any candidate.
- 9.4 I confirm I will be notify you as soon as any information provided in this application changes.
- 9.5 I confirm that the applicant believes, on the basis of due and diligent enquiry, that each candidate is a fit and proper person.

COLP/COFA only:

- 9.6 I have discussed with the nominee compliance officer(s) any concerns and/or issues regarding their suitability as the firms compliance officer(s).
- 9.7 I confirm that the firm is satisfied that the COLP/COFA nominee(s) will be able to fully discharge their responsibilities as a COLP and or COFA in the firm.

9.8 The firm has suitable arrangements in place in accordance with Rule 8.5(a) of the SRA Authorisation Rules 2011.

9.9 The information provided regarding the individual named as COLP and/ or COFA nominee in this application is accurate.

9.10 The candidate(s) consent(s) to their nomination(s).

Please provide details of the individual making this declaration, who must be a partner or the sole practitioner (as applicable):

Title:	Forename(s):
Surname:	Date of Birth:
SRA number:	Email address:
Role:	Date:
Signature:	

If completed electronically please tick to say you confirm the declaration.

Section 10 - Returning the form

10.1 Please return the form, supporting documents and list of enclosures by email to: authorisation@sra.org.uk

Section 11 - Applicant checklist

11.1 To help us process your application quickly please check that:

The applicant declaration has been signed and dated.

Any additional information has been labelled and attached to the email.

You have attached a copy of my Indemnity Insurance cover held letter or quotation.

You have attached copies of any correspondence you have had with the SRA regarding this application or in contemplation of it.

Section 12 - 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 SRA has a responsibility under the Solicitors Act 1974 to ensure that there are no issues which could call into question the character and suitability of those whom we regulate which is the reason for collecting this information.

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/>