

# Application to Newbury Building Society Conveyancing Panel



The following form is used to apply to Newbury Building Society's Conveyancing Panel. Please complete and return the form enclosing a certified copy of your Professional Indemnity Insurance cover. The form must be signed by a Partner/ Regulated Principal of the practice in question. Membership of the panel will be subject to on-going review at our discretion. Once we have received your application, we will respond within 5 working days.

Name of Practice:

Main/Head Office address:

1. Number of License Holders/Approved Managers:

2. Is the practice currently an accredited member of the Law Society's CQS scheme (Not applicable for Licensed Conveyancers): Yes          No

**If NO**, and you are a solicitor, please provide details of whether your practice intends to be CQS accredited in the future and any progress made to achieve accreditation:

3. Is the practice experienced in dealing with Affordable Housing transactions, particularly with regard to the lease between the applicants and the Housing Association: Yes          No

4. Is the practice experienced in dealing with Limited Company transactions, particularly with regard to the company's right to borrow and registration of the charge at Companies House? Yes          No

5. Have you, or anyone at the practice, been subject to investigations or disciplinary actions by regulatory bodies (eg. SRA, SDT or CLC) during the last 3 years (**if YES**, please enclose details): Yes          No

6. Does your conveyancing practice qualify as an Alternative Business Structure under the Legal Services Act 2007: Yes          No

7. How long has the firm been in existence:

- |                               |       |        |
|-------------------------------|-------|--------|
| a. as a conveyancer/solicitor | years | months |
| b. as an ABS (if applicable)  | years | months |

**Note:** If the firm is an ABS, please complete a and b if it was previously structured as a conveyancer /solicitor practice.

Please detail the address and bank details for each of your offices:

1. Sort code:    /    /  
Account number:
2. Sort code:    /    /  
Account number:
3. Sort code:    /    /  
Account number:
4. Sort code:    /    /  
Account number:
5. Sort code:    /    /  
Account number:

**Extra space**

I confirm that the above is true and accurate.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Email address for panel confirmation:

Please remember to enclose a **CERTIFIED COPY** of your Professional Indemnity Insurance including level of cover with this application.

**SOCIETY USE ONLY:**

Application Reference: \_\_\_\_\_

Date Issued: \_\_\_\_\_