

Application to Newbury Building Society Conveyancing Panel

The following form is for application to Newbury Building Society's Conveyancing Panel. Please complete and return the form enclosing a certified copy of your Professional Indemnity Insurance. 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 to confirm our response.

Name of Practice:

Main/Head Office address:

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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**
(delete as appropriate)

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:

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3. Is the practice experienced in dealing with Affordable Housing transactions, especially with regard to the lease between the applicants and the Housing Association: **YES/NO**

4. 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: **YES/NO**
(If YES, please enclose details)

5. Does your conveyancing practice qualify as an Alternative Business Structure under the Legal Services Act 2007: **YES/NO**

6. 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

CONTINUED OVERLEAF

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 a true and accurate reflection.

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.

<u>SOCIETY USE ONLY</u>
