

Compensation Fund application form



Supporting notes

Please use our [Supporting Notes](#) to help you fill this form in. If you have any questions, or need our help to fill in this form, please call our Contact Centre on 0370 606 2555 between 08.00 and 17.00.

To help us to deal with your application you will need to provide evidence.

You should save a copy of the form to your device before you start to fill it in
This form is an editable PDF and should be completed on screen if possible.

Please note that the Compensation Fund can only consider your application if you have lost money because someone we regulate has either stolen your money, not used your money for the intended purpose (failed to account for your money), or did not have insurance.

Please tick which applies to you:

Your money has been stolen

The firm has failed to account for your money (not used it for the intended purpose)

The solicitor did not have insurance

Part 1 - Applicant's details

Applicant 1

1.1 Title

First name

Middle name(s)

Surname

1.2 Organisation
(if applicable)

1.3 Contact details

Address

Postcode

Email

Preferred
contact number

Alternative
contact number

1.4 How would you prefer us to communicate with Applicant 1?

Email

Post

Phone

1.5 Is Applicant 1 currently bankrupt or in an Individual Voluntary Arrangement (IVA)?

Yes **No**

Applicant 2 (if you are making a joint claim)

1.6 Title

First name

Middle name(s)

Surname

1.7 Organisation
(if applicable)

1.8 Contact details

Address

Postcode

Email

Preferred
contact number

Alternative
contact number

1.9 How would you prefer us to communicate with Applicant 2?

Email

Post

Phone

1.10 Is Applicant 2 currently bankrupt or in an Individual Voluntary Arrangement (IVA)?

Yes

No

Applying on behalf of the Applicant(s)

If you are making this application on behalf of the Applicant(s), provide your details below

1.11 Title

First name

Middle name(s)

Surname

1.12 Organisation
(if applicable)

1.13 Contact details

Address

Postcode

Email

Contact number

1.14 Confirm on what basis you are acting for the Applicant(s)

Friend/relative

Solicitor

Trustee

Other

If **Other**, provide details (220 character limit)

Previous contact

1.15 Have you already contacted us about your application?

Yes **No**

If **Yes**, provide your reference number
(if you have one)

Part 2 - Details of the law firm

2.1 Firm name

2.2 Address

Postcode

2.3 What was the name of the person that you dealt with at the firm?

2.4 What was your reference number from the firm, if you have one?

Part 3 - Your application to the Compensation Fund

3.1 How much is your claim to the Compensation Fund?

3.2 Were you a client of the firm?

Yes **No**

If **No**, explain the reason for your claim. (530 character limit)

3.3 Tell us what type of work the solicitor was doing for you, tick all boxes that apply

Conveyancing

Family

Probate

Commercial transaction

Civil litigation

Immigration

Personal injury

Criminal

Other

3.4 Provide a description of what the solicitor was doing for you. Include for example - details of when you first instructed the solicitor, what were they doing for you and what work had been done.

Provide as much detail as possible and provide evidence to support your application.

3.5 Did you pay any money to the firm?

Yes **No**

If **Yes**, tell us how much you paid and when (220 character limit)

3.6 What date did you first become aware of your loss?

3.7 Have you taken any steps to recover your money from the firm?

Yes **No**

3.8 Have you tried to recover your money from anywhere else?

e.g. the Legal Ombudsman, the firm's professional indemnity insurers,
through legal proceedings

Yes **No**

3.9 Is anyone else entitled to any of the money that you have lost?

Yes **No**

If **Yes**, provide details (530 character limit)

Part 4 - Details of your new solicitor

Provide details of your new solicitor, if you have one

4.1 Have you had to instruct a new solicitor to complete any outstanding work?

Yes **No**

4.2 Firm name

4.3 Contact details

Name

Address

Postcode

Email

Phone

Part 5 - Identity check

Individuals

We need to confirm your identity before we can deal with your application. To help us to do this, please provide a copy of:

One of the following:

- current passport
- current UK Photocard driving licence (we do not accept Counter Part Licences)
- current EEA identity card issued in the UK

OR

Two of the following which must clearly show your name and current address:

- statement less than three months old for credit card, American Express, Diners Club, or debit card
- Utility bill less than three months old
- Council Tax bill for the current year
- Council rent book showing the rent paid for the last three months
- Mortgage statement for this year
- NHS/Doctor appointment letters dated in the last three months (not appointment cards)
- HMRC letters dated in the last three months
- DWP letters dated in the last three months or annual letter

Businesses

If the applicant is a company, a current director/company secretary should sign this form and provide identification (see list above).

If the applicant is a partnership, a current partner should sign this form and provide identification (see list above).

If you do not have any of these forms of identification, please contact us for assistance

Part 6 - Declaration

Please read the following information then tick to confirm that you have read and agree with the information.

- I confirm that I am the applicant/the applicant's representative and that I am entitled/the applicant is entitled to the money claimed
- I understand that if I am not entitled to any of the money I receive, I will return it to the SRA within 21 days
- If I receive a payment from the Compensation Fund, I acknowledge that the SRA will be entitled to any rights I have against the solicitor to recover the money due to me, up to the amount paid to me. I transfer any rights to recover that money to the SRA, including the right to sue in my name on the basis that the SRA will protect me against any legal costs
- I give the SRA permission to gather any information needed from other people and to give other people information about my application
- As far as I know, the information I have given is true. I acknowledge that I must tell the SRA about any other information (for example, any money I recover or if I am made bankrupt) which may be relevant to this application
- If I am signing this form as the representative of another person, I confirm that they have authorised me to sign it

[Click here to confirm that you have read and agree with this](#)

Applicant 1

6.1 Signature/name

Date

Applicant 2

6.2 Signature/name

Date

Part 7 - Equality, diversity and inclusion information

In this section of the form, we are asking you to provide equality and diversity information. This information is treated with the strictest confidence and any the analysis of this sensitive data is carried out separately to the handling of your claim to the compensation fund.

If you are completing this form on paper see the supporting notes for the drop-down lists options to pick from and write in the relevant box.

Age

7.1 What age category are you in?

Sex/Gender

7.2 What is your sex?

7.3 Is your gender you identify with the same as the sex you were registered at birth?

Yes **No** **Prefer not to say**

If you have entered **No** please specify

Disability

7.4 Do you consider yourself to have a disability according to the definition in the Equality Act 2010?

Yes **No** **Prefer not to say**

7.5 Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Ethnicity

7.6 What is your ethnicity?
(Tick the relevant box and then click the box next to it and pick a sub category)

Asian/Asian British

Black/Black British

Mixed/multiple ethnic groups

Other ethnic group

White

Religion

7.7 What is your religion or belief?

Sexual orientation

7.8 What is your sexual orientation?

Caring responsibilities

7.9 Do you look after or care for someone with long term physical or mental ill health caused by disability or age (not in a paid capacity)?

7.10 Are you a primary carer for a child or children under 18?

Yes **No** **Prefer not to say**

Socio Economic Background

7.11 How would you describe your work?

Our purpose for collecting this information

The equality and diversity information provided by you in the above sections in this form is being processed in the substantial public interest to achieve regulatory objectives. The data will be used to assess the impact of changes to the Compensation Fund rules on consumers, law firms and the wider legal services market including the impact on equality, diversity and inclusion.

We may also prepare and publish or share statistics or research obtained from this data but not in a form that identifies anyone.

Part 8 - Returning the form

Please send your completed application form, identity and evidence either

by email

to claims.management@sra.org.uk, or

by post

SRA
The Cube
199 Wharfside Street
Birmingham
B1 1RN

Checklist

You might find this checklist helpful to make sure that you have everything that you need to send us.

A correctly filled in application form

Identification documents

Evidence in support of your application

If you are applying on behalf of someone else,

their written, signed authority for you to act

Part 9 - What we will do with your data

Privacy notice

Annex 1 - Additional information

Use this section to provide any additional information. Refer to the question number from the form if you are using this section because you needed more space.