

# SIF application form



Please use our [Supporting Notes](#) to help you fill this form in.

If you have any questions, or need any help to fill in this form, call 01202 786340

**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.

## Section 1 - Applicant details

### Applicant 1

Title:                      First name:

Middle Name(s):

Surname:

Organisation (if applicable):

### Contact details

Address:

Email:

Preferred  
Contact no.:

Alternative  
Contact no.:

How would you prefer us to communicate  
with applicant 1?

Email

Post

Phone

Has applicant 1 previously made a claim to  
the Solicitors Indemnity Fund?

**Yes**

**No**

If Yes: Reference number (if known):

**Applicant 2 (if you are making a joint claim)**

Title: First name:

Middle Name(s):

Surname:

Organisation (if applicable):

Contact details

Address:

Email:

Preferred  
Contact no.:

Alternative  
Contact no.:

How would you prefer us to communicate  
with applicant 2?

Email

Post

Phone

Has applicant 2 previously made a claim to  
the Solicitors Indemnity Fund?

**Yes**

**No**

If Yes: Reference number (if known):

**Applying on behalf of the applicant(s)**

If you are making this application on behalf of the applicant(s), provide your details below. If you are applicant 1 or 2, leave blank.

Title:                      First name:

Middle Name(s):

Surname:

Organisation (if applicable):

**Contact details**

Address:

Email:

Preferred  
Contact no.:

Alternative  
Contact no.:

Confirm on what basis you are acting for the applicant(s)?

Solicitor

Friend/relative

Trustee

Other

**Previous contact**

Have you already contacted us about your application?

**Yes**

**No**

If Yes, provide your reference number (if known):



What was the solicitor instructed to do? (Please provide a short summary of initial instructions as discussed):

When did you instruct the solicitor?

What do you believe the solicitor did wrong or failed to do?

When did the issue happen?

What loss(es) do you believe you have suffered or will suffer as a result of the mistake you believe the solicitor has made? Please state each type of loss you are claiming and the financial value you put on each loss:

Type of loss:

Type of loss:

£

Type of loss:

£

Type of loss:

£

Type of loss:

£

£

What is your estimate of the total value of your claim?

£

Do you hold anyone else responsible for your loss?    **Yes**       **No**

**Provide details**

Have you or anyone else already written to the solicitor about this claim?      **Yes**      **No**

If yes, please say when, giving the name and reference on any reply you received:

Do you have the solicitor's file or a copy of it?      **Yes**      **No**

If no, and you know where it is, please provide details below:

**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.

## Section 4 - Declaration

**I understand that I have the right to take independent legal advice about this matter any time. I wish to make a claim for negligence against the firm of solicitors named in Section 2B. I am aware that a copy of this form may be sent to the solicitor concerned and may be seen in any court proceedings I may bring about this claim.**

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 you within 21 days
- If I receive a payment, I acknowledge that you 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 you including the right to sue in my name on the basis that you will protect me against any legal costs
- I give you 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 you 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

Signed

Date

Signed

Date



## Section 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, attached to this claim form, 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 using the number above.

## Section 6 – Returning the form

Please send your completed application form, identity check, and evidence either

### **by email**

to [SIF@LA-Law.com](mailto:SIF@LA-Law.com)

or

### **by post**

Solicitors Indemnity Fund  
Russell House, Oxford Road  
Bournemouth  
BH8 8EX

### **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

## Section 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 Solicitors Indemnity 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

What age category are you in?

### Sex/Gender

What is your sex?

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

If you have entered No, please specify: **Yes**      **No**      **Prefer not to say**

### Disability

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

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

### Ethnicity

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

Prefer not to say

### Religion

What is your religion or belief?

### Sexual orientation

What is your sexual orientation?

### **Caring responsibilities**

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)?

**Yes**

**No**

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

**Yes**

**No**

**Prefer not to say**

### **Socio economic background**

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.

## **Section 8 – What we will do with your data**

### **Privacy notice**

We, the Solicitors Regulatory Authority, are the 'data controller' of the personal information we collect.

The data you provide in your application and any data requested or provided subsequently will be used to process your application. This information will be held as part of your record in line with our retention schedule.

We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal, accounting or reporting requirements. Please see our full privacy notice at <http://www.sra.org.uk/privacy> for full details of how we process and store personal information.

Our privacy notice includes details on how you can contact us with queries relating to your personal data and exercise your rights in connection with our processing of your personal data.