

Application supporting notes

1 October 2023

If you need additional space to answer any question, please use Annex 1 to continue your answer. Make sure that you write the question number from the form if you do this.

Section 1 - Applicant's details

If you are making this application on your own, you only need to complete the section for Applicant 1.

If this is a joint application, the second applicant needs to complete the section for Applicant 2.

If there are more than two applicants in your claim, please attach a document to the claim form and provide all of the details as seen in 1.1-1.5 and 1.6-1.10.

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If you are making the application on behalf of someone else, you will need to provide

- the applicant's signed authority for you to act on their behalf; or
- evidence that you have the legal power to act for them such as a power of attorney

In this case, please enter their details as Applicant 1 and provide your details in the relevant section below.

Applicant 1

1.1 Please state your title and your full name, including any middle name(s).

1.2 If you are making this application for an organisation, please state its full name.

1.3 Contact details – please state:

- full address including postcode
- email address
- telephone number

1.4 How would you prefer us to communicate with us? We will try use this method wherever possible.



1.5 Have you made any previous claims, either yourself or as part of a joint claim? If so, please provide the reference number if you have it.

Applicant 2

1.6 Please state your title and your full name, including any middle name(s).

1.7 If you are making this application for an organisation, please state its full name.

1.8 Contact details – please state:

- full address including postcode
- email address
- telephone number

1.9 How would you prefer us to communicate with us? We will try use this method wherever possible.

1.10 Have you made any previous claims, either yourself or as part of a joint claim? If so, please provide the reference number if you have it.

Applying on behalf of the applicant(s)

If you are claiming for yourself, please leave this section blank. Only fill in if you are applying on behalf of someone else.

1.11 Please state your title and your full name, including any middle names(s).

1.12 If you are making this application for an organisation, please state its full name.

1.13 Contact details – please state:

- full address including postcode
- email address
- telephone number

1.14 How would you prefer us to communicate with us? We will try use this method wherever possible.

1.15 You need to tell us on what basis you are acting for the applicant. Please tick the appropriate box. If you tick 'Other', provide details in the box provided.

Section 2 - Details of the law firm

2.1 The full name of the law firm.



2.2 The full address including postcode.

2.3 Who you dealt with at the firm, or who you otherwise hold responsible. This may be the solicitor that acted for you, or someone else at the firm.

2.4 The reference number for your transaction from the firm, if you have it.

2.5 Please provide the full name the solicitor that was acting for you on your transaction. This may be the same as in 2.3. If the solicitor was not acting for you, but you hold them responsible for your loss please explain why you consider they are responsible and what interactions you had with the solicitor and/or the firm that are relevant.

2.6 Please name any other person who was party to the transaction complained about that you believe the solicitor was also acting for. You may include the name of applicant 1 or 2 if applicable.

Section 3 - Your application to the SIF

This part is used to give brief details about the basis of your claim.

3.1 To help us deal with your application, we need details about the work the law firm was instructed to do for you, or why you hold them responsible for loss you say you have suffered. Please tick the box that most closely applies:

- **Conveyancing** - Buying and selling property. Transfer of ownership. Landlord and tenant queries.
- **Landlord & Tenant** - Property issues involving a leasehold (rental) property. Can apply to commercial and residential property and include disputes that arise during tenancy or negotiations around granting tenancy etc.
- **Family** - Divorce proceedings. Financial negotiations as part of the divorce. Child custody arrangements etc
- **Probate** - Preparing wills and/or lasting powers of attorney. Administration of an estate or trust whether the person is alive or dead.
- **Commercial transaction** - Acting for a business in a matter with another business.
- **Litigation** - Court proceedings. The firm may have acted for you as claimant or defendant to court proceedings, including but not limited to, breach of contract claims, property damage, claims to the small claims court.
- **Matrimonial** - Dealing with the legal and/or international aspects of marriage such as its validity, issues that arise during marriage, and dissolution of marriage.



- **Criminal Law** - Where the solicitor acted for a client in criminal law proceedings
- **Personal Injury** - Acting for an injured party to make a claim for damages for example after a car accident.
- **Immigration** - Partner and family visas. Student visas. Human rights and discretionary leave. British citizenship. Indefinite leave to remain.

If none of the options apply, please tick 'Other' and specify the type of work that the solicitor did for you.

3.2 Please use this space to describe briefly what you had instructed the law firm/solicitor to do. If you have an engagement letter/client care letter from the law firm, please attach to this form if possible.

You can do this at a later date if preferred. Please note, even if you can provide an engagement letter, you will still need to answer all the questions in Part 3.

3.3 Please provide the date month and year, if possible, that you instructed the law firm. This will be in an engagement letter from law firm if you have one.

3.4 Briefly outline any act, error, omission or failure by the solicitor which led to this claim.

3.5 When did this happen? Please be as accurate as possible but you give a date range (eg June-August 2005) if you cannot be more specific.

3.6 How much you are applying for? If you are unsure of the exact amount, please provide your best estimate. You can change the amount later. Please detail the type of loss that you have suffered and your best estimate / what you believe to be the value of each.

Types of Loss may include:

- **Loss of chance** - where the actions of the professional have prevented the claimant from securing a financial gain
- **Reduction in value** - where there has been a loss to the value of a property due to their actions
- **Wasted expenditure** - such as a transaction that has been disastrous for the claimant due to professional negligence or wasted expenditure due to delay
- **Additional legal costs** - such as extra legal advice that you have had to seek

This is not an exhaustive list so please state any other type of loss you believe that you have suffered. Please provide your supporting evidence with this form. We will review your claims and may asked further questions. Please be prepared to provide further evidence in support of

your financial loss such as invoices/bills. Evidence can sometimes take some time to collect / track so please ensure that you start promptly to avoid delay.

3.7 Please provide your estimate for the total value of your claim. This should be the total of the types of loss written above only.

3.8 Do you hold anyone else responsible for your loss? This could be another professional or another party to the proceedings. Please tick the box and if 'Yes' provide a brief explanation as to why / what role they had in the transaction.

3.9 Please tell us if you have already written to the solicitor about this claim and when this was. If you received a reply, then please give the name of the person who wrote to you, whether it was the solicitor or not, and the reference that they quoted on the letter. If you have not received any reply, please let us know.

3.10 If you have your file from the law firm, please send it to us. We appreciate that you may not have this.

3.11 As the firm has ceased to exist, we will have to trace the solicitor's file to establish the events that led to your claim. Any help that you can provide will help to avoid delay during investigations.

Section 4 - Identity Check

We need to confirm your identity to process your application. It may delay your application if you do not provide the required documentation.

The forms of identification we can accept are listed on the application form. If you do not have any of these, please contact us for assistance.

We will accept either electronic or physical copies of your identification documentation. Please make sure that any electronic copies are clear and legible or they will not be valid.

Section 5 - Declaration

Before we can process your application, we need you to confirm that you have read and agree with the declaration. You can do this by signing and dating the claim form in the space provided. If you filled in details for applicant 1 and applicant 2, both applicants will need to sign the claim form. If you are a representative of the applicant(s) you only need to sign and date on one of the lines.

Section 6 - Returning the form

Please send your completed application by using the details provided on your application form.

Checklist

When you are ready to submit your application please make sure that you provide the following:

1. A correctly filled-in application form
2. Identification documentation
3. Evidence in support of your application
4. If you are applying on the behalf of someone else, their written, signed authority for you to act.

Section 7 - Equality, diversity and inclusion information

The data will be used to assess the impact of changes to the Solicitors indemnity Fund rules on consumers, law firms and the wider legal services market including the impact on equality, diversity and inclusion.

If you are completing the form by hand, the criteria we use for each section can be found below:

Criteria for handwritten forms

Age

7.1 What age category are you in?

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+ Prefer not to say

Sex/Gender

7.2 What is your sex?

- Male
- Female
- Other preferred description
- Prefer not to say



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

Tick the box that applies.

- Yes
- No
- Prefer not to say

Disability

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

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Tick the box that applies.

- 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?

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say

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
 - Bangladeshi
 - Chinese
 - Indian
 - Pakistani
 - Any other Asian background
- Black / Black British
 - African
 - Caribbean
 - Any other Black background
- Mixed / multiple ethnic groups
 - White and Asian
 - White and Black African



- White and Black Caribbean
 - Any other mixed/multiple ethnic background
- Other ethnic group
 - Arab
 - Any other ethnic group
- White
 - British/ English/ Welsh/ Northern Irish/ Scottish
 - Irish
 - Gypsy or Irish Traveller
 - Roma
 - Any other white background
- Prefer not to say

Religion

7.7 What is your religion or belief?

- No religion or belief
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

Sexual orientation

7.8 What is your sexual orientation?

- Bi
- Gay/Lesbian
- Heterosexual
- Other
- Prefer not to say

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)?

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more hours a week
- Prefer not to say

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

Tick the box that applies

- Yes
- No
- Prefer not to say

Socio economic background

7.11 How would you describe your work?

- Higher managerial/administrative/professional
- Lower managerial/administrative/professional
- Intermediate occupations
- Small employers and own account workers
- Lower supervisory and technical
- Semi-routine occupations
- Routine occupations
- Never worked/long-term unemployed
- Retired
- Prefer not to say