**Before completing this form please read the Guidance Notes for CLC Licence Applicants and this form.**

Licensed Conveyancers wishing to add probate or conveyancing to an existing licence should complete the entire form and include evidence of their educational certificates and a verified Statement of Practical Experience relevant to the licence they are applying for. Note, the CLC will not carry out Experian checks on CLC Lawyers with a valid CLC Licence unless they are seeking to change from an Employed to a Manager Licence.

**Authorised Persons, such as a Solicitor or a Fellow of the Chartered Institute of Legal Executives, seeking hold a Manager Designation in a CLC licenced practice should complete sections 1, 2, 3 and 7 ONLY.**

**If this applies to your application tick here . Enter your Practising Certificate number** Click here to enter text.**The Practice name** Click here to enter text. **Now proceed to section 2.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **TYPE OF LICENCE** | | | | | |
|  | | | Please Tick | | |
| I am applying for a | | | Yes | | No |
| 1. Conveyancing Licence | | |  | |  |
| 1. Probate Licence | | |  | |  |
|  | | |  | |  |
| 1. A Manager Designation **\*Authorised Persons ONLY not regulated by the CLC; such as a Solicitor and FCILEx** | | |  | |  |
|  | | |  | |  |
| Will this be a first CLC Licence? | | |  | |  |
| If No, do you hold any of the following? | | |  | |  |
| * A CLC Conveyancing Employed Licence | | |  | |  |
| * A CLC Probate Employed Licence | | |  | |  |
| * A CLC Conveyancing Manager Licence (ONLY Partners, Directors and Members of an LLB) | | |  | |  |
| * A CLC Probate Manager Licence (ONLY Partners, Directors and Members of an LLB) | | |  | |  |
| Please tell us your Licence Number :- | | |  | | |
| * A Practising Certificate, issued by the SRA or Chartered Institute of Legal Executives Regulation (CILEx Regulation) | | |  | |  |
| Please tell us your Practising Certificate Number:- | | |  | | |
| * Other (please state below) | | |  |  | |
| Click here to enter text. | | | | | |
| 1. **PERSONAL INFORMATION** | | | | | |
| Date of Birth: Click here to enter text. | | | | | |
| Mr/Mrs/Miss/Ms (circle as appropriate) | | | | | |
| Surname:  Click here to enter text.  Previous surname (if applicable):  Click here to enter text. | | Tel No (Home)  Click here to enter text. | | | |
| Forenames:  Click here to enter text. | |
| Permanent residential address:  Click here to enter text.  Post Code:  Click here to enter text. | | Tel No (Mobile)  Click here to enter text. | | | |
| Employers Name:  Click here to enter text. | | | | | |
| Employers Address:  Click here to enter text. | | DX:  Click here to enter text. | | | |
| Work Email:  Click here to enter text. | Tel Work:  Click here to enter text. | | | | |
| **3. PROFESSIONAL AND PERSONAL BEHAVIOUR.** | | | | | |
| **YOU ARE REQUIRED TO ANSWER THE FOLLOWING:**  If any you answer ‘yes’ to any of the following apply to you must provide a brief explanation of the circumstances on a separate sheet of paper and include this and any supporting documentation with this application. The CLC may approach other appropriate bodies and your signature on the declaration at the end of this form will act as your permission.  You are required to number and list all documents submitted otherwise your application will be incomplete.   |  |  |  |  | | --- | --- | --- | --- | | **A** | **DISCIPLINARY ACTION** | **Yes** | **No** | | (i) | Have you or has any company of which you were at the material time a director, been the subject of a disciplinary order by the Council for Licensed Conveyancers, The Solicitors Regulation Authority, The Law Society, the Bar Standards Board, CILEx Regulation or any other professional body or regulator? |  |  | | (ii) | Have you received notice or are you aware that any disciplinary proceedings are to be instituted against you or any company of which you were at the material time a director, by the bodies listed in (i) or any other professional body or regulator? |  |  | | (iii) | Are you aware of any circumstance which might give rise to disciplinary proceedings being instituted against you or any Company of which you were at the material time a director, by the bodies listed in (i) or by any other professional body or regulator? |  |  | | (iv) | Have you ever been dismissed from employment in the UK, or anywhere else? |  |  | | **B** | **SECTION 43 OF THE SOLICITORS ACT 1974** | **Yes** | **No** | |  | Have you ever been the subject of an order made under Section 43 of the Solicitors Act 1974? |  |  | | **C** | **CONVICTIONS** | **Yes** | **No** | |  | Have you ever been convicted of an offence in a Court in the UK or elsewhere? |  |  | |  | (The CLC will carry out a basic Criminal Record Check (CRC) or standard disclosure check from the [Disclosure and Barring Service (DBS)](https://www.gov.uk/disclosure-barring-service-check/overview). Once the check is complete a copy of your CRC or DBS Certificate will be issued and sent to you by the authorising service. The certificate must be provided to the CLC in order to progress your application.) |  |  | | **D** | **COMPANY DETAILS** | **Yes** | **No** | |  | Have you been the subject of an order disqualifying you for any period from being a director or an officer of any company? |  |  | | **E** | **INSOLVENCY** | **Yes** | **No** | | (i) | Are you or have you been a director of a company which has:  been the subject of a receiving order; |  |  | | (ii) | gone into voluntary or compulsory liquidation on the grounds of insolvency; or |  |  | | (iii) | entered into a Company Voluntary Arrangement (CVA) or other arrangement with creditors? |  |  | | **F** | **OUTSTANDING JUDGMENTS** | **Yes** | **No** | |  | Have you or has any company of which you are or were a director or an officer at the time, been the subject of any County Court Judgment (CCJ) which has not been discharged in full? |  |  | | **G** | **BANKRUPTCY** | **Yes** | **No** | |  | Have you ever been made bankrupt? |  |  | | **H** | **UNDISCHARGED FINANCIAL LIABILITIES**  **(excluding mortgages)** | **Yes** | **No** | | (i) | Do you have any undischarged financial liabilities to the CLC or |  |  | | (ii) | any other professional body or regulator? |  |  | |  | State the amount outstanding and why this is undischarged: - | **£** | | | (iii) | Have you entered into an Individual Voluntary Arrangement (IVA) or any form of debt management arrangement? |  |  | |  | The CLC will carry out Credit Checks on applicants with an approved Credit Agency. The fee charged by these agencies varies. The CLC will ask applicants to pay the total fee it is charged by the credit agency. | | | | **I** | **MENTAL HEALTH** | **Yes** | **No** | |  | Have **Court of Protection** powers been exercised in relation to you? |  |  | | | | | | |

**4. EDUCATION AND QUALIFICATIONS**

To apply for a licence you must be suitably qualified. Examples of appropriate combinations of professional qualifications are set out in Guidance for CLC Licenced Applicants, appendix 1.

Please confirm and provide evidence of the date of completion: -

I have successfully completed route number (indicate below) and have submitted the relevant certificate(s)

Please indicate Date completed

|  |  |  |
| --- | --- | --- |
| Route Number |  |  |

**OR**

Please Tick

|  |  |
| --- | --- |
| I have successfully completed other relevant qualifications  Qualification Title Click here to enter text.  Date completed Click here to enter text.  Please contact us to discuss any non-listed qualifications before submitting your application. |  |
|  |

**5. STATEMENT OF PRACTICAL EXPERIENCE**

Applicants must submit a certified Statement of Practical Experience.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | I have submitted a certified Statement of Practical Experience for Conveyancing. |  |  |
|  | I have submitted a certified Statement of Practical Experience for Probate |  |  |

**6**. **DOCUMENTATION TO BE SENT TO EXPERIAN**

Please TICK and ATTACH **as separately scanned copies**:

certified proof of Photo ID (passport or driving licence);

certified utility bill (no more than 3 months old);

certified bank or building society statement OR Mortgage statement (no more than 3 months old).

**7**. **DOCUMENTAION TO SUPPORT YOUR CLC APPLICATION**

Please TICK and ATTACH:

current Practising Certificate/Licence/Professional Registration;

independent verification of recent occupational competence; and

Any supporting documentation relating to conduct, financial and mental health disclosures.  N/A

**6. DATA PROTECTION**

Your details will be held by the CLC in accordance with the [Data Protection Act 1998](http://www.legislation.gov.uk/ukpga/1998/29/contents) . Your records are held on the CLC computer database solely to enable the CLC to carry out its functions as a regulator.

The CLC is required by statute to keep a register of Licensed Conveyancers and Licenced Probate Practitioners in England and Wales which is open for public viewing, free of charge during office hours.

The CLC makes available a register of Licensed Conveyancers for lending institutions and panel managers. Your name, practice address, practice telephone number, and where appropriate, practice fax number, practice email address and practice web site address appear on the CLC web site for Licensed Conveyancers and Licensed Probate Practitioners who are Managers.

For Licensed Conveyancers and Licensed Probate Practitioners other than Managers, only the name and address of the entity by which you are engaged appears on the website.

**7. DECLARATION AND UNDERTAKING**

I have paid the application fee.

I give authority to the CLC to ask such persons as it considers appropriate to verify the information I have given in this form and in the accompanying documents.

I declare that:

1. I will comply with the CLC Code of Conduct and other Regulatory Arrangements.
2. To the best of my knowledge and belief the information I have given in this application is correct and complete, and none of the answers I have given on this form are false or misleading.
3. If before the date the CLC makes its determination, I become aware that any information provided in this application is no longer correct or complete or has become false or misleading, I shall inform CLC immediately.

I understand that:

1. If it is satisfied that a licence was issued to me as a result of any error, or as a result of fraud on my part, the Adjudication Panel may, if it thinks fit, by order, revoke the licence.
2. I understand that a licence issued by the CLC remains the property of the CLC and is returnable on demand.

I agree that:

1. Any grant made out of the CLC Compensation Fund in satisfaction of a claim is recoverable by the CLC from me or from my estate where I contributed intentionally, recklessly or negligently to the loss suffered by the Claimant.

In addition to the declaration set out above:

1. I agree that, if applicable, the CLC shall be entitled to request and receive from my practice’s professional indemnity insurers or their brokers, details of the gross fee income for my practice and such other information as the CLC may reasonably require for the purpose of carrying out its function as a regulator.
2. I declare that I will notify the Insurers and the CLC of any claim or circumstance which may give rise to a claim *[CLC regulated practices only].*

|  |
| --- |
| **Please tick ONE box before agreeing to the declaration by signing in the box below.**  **Approved Person, other than Licensed Conveyancer (planning to hold Manager Designation in a CLC Licensed Practice):** I agree to the declaration set out above and understand that sections A, B, C, F, G, and H apply to me.  **Licence Declaration:** I agree to the declaration set out above and understand that sections A, B, C, D, and E apply to me.  **Declaration by a Licensed Conveyancer (Planning to hold Manager Designation in a CLC Licensed Practice)** I agree to the declaration set out above and understand that A, B, C, D, E, F, G, and H apply to me.  **Declaration by a Licensed Conveyancer ( Planning to hold Manager Designation of a Practice licenced and regulated by Approved Regulator or Licensing Authority, other than the CLC)** I agree to the above declaration and understand that A, B, C, D, and E apply to me.  **FULL NAME** Click here to enter text.  Signature: Date: |