



The
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CLC PRACTICE APPLICATION FORM

Before completing this form please read the Guidance Notes for CLC Practice Applicants.

Before submitting this form ensure:

- all supporting documentation is attached and listed and clearly labelled indicating the question (e.g. 'C1') to which each document relates;
- a declaration form signed by ALL key personnel is attached;
- the application fee is included/or has been paid [see p12.No6]

Please Note:

- applications with inaccurate and/or incomplete information will be returned unprocessed; and
- during the period between submitting your application and the application being determined, you must notify the Council for Licensed Conveyancers immediately of any changes to the information provided or any material changes in circumstances. Failure to do so may cause the application to be delayed, or reviewed, even if it has already been issued.

1. Tell us about the Practice you want to licence?			
A1	List the reserved legal activities the Practice provides, or intends to provide by placing an 'X' next to the relevant activity,	Conveyancing services	<input type="checkbox"/>
		Probate activities	<input type="checkbox"/>
		Reserved instrument activities	<input type="checkbox"/>
		Administration of Oaths	<input type="checkbox"/>
A2	List any non-reserved legal, and other, activities the applicant is, or intends to provide, such as; estate agency, mortgage broking, surveying service, wills, etc.	1. 2. 3. 4.	
A3	a) Name and address of the Practice applying for licence.	Business Name:	



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	<p>b) Please designate one individual as the main point of contact for ALL communication about this application.</p>	<p>Address:</p> <p>Post code:</p> <p>Email:</p> <p>Phone:</p> <p>Name:</p> <p>Job title:</p> <p>Work Email:</p> <p>Phone:</p>	
A4	<p>Please list all the company trading names with dates when used.</p>	<p>Name:</p> <p>Name:</p> <p>Name:</p>	
A5	<p>Please list the registered address if different to A3.</p>	<p>Name:</p> <p>Address:</p> <p>Post code:</p>	
A6	<p>Type of Practice applying for the licence. Please place an 'X' in only one box, or for 'Other' please provide details.</p>	Partnership	<input type="checkbox"/>
		Limited liability partnership	<input type="checkbox"/>
		Private limited company	<input type="checkbox"/>
		Public limited company	<input type="checkbox"/>
		Sole Practitioner	<input type="checkbox"/>
		Other (please specify)	Click here to enter text.



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A7	<p>Date of the Practice incorporation or formation, if applicable.</p> <p>Please provide, if applicable, a copy of the certificate of incorporation or formation and memorandum and articles of association.</p> <p>Please provide an explanation if copy is not attached:</p>	<p>Date:</p> <p>Copy attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details</p>
A8	<p>Banking details, including all client and office account numbers.</p> <p><i>If necessary please use the 'Supplementary Information' (Section 4) for additional accounts' details.</i></p>	<p>[Bank account name]</p> <p>[Type of account, e.g. client]</p> <p>[Bank sort code]</p> <p>[Name of bank/building society]</p> <p>[Account number]</p>
A9	<p>List all relevant addresses of your branch offices</p> <p>If more than one continue on separate sheet.</p>	<p>[Name/Street]</p> <p>[Town]</p> <p>[County]</p> <p>[Postcode]</p> <p>Conveyancing services Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Probate services Yes <input type="checkbox"/> No <input type="checkbox"/></p>
A10	<p>List all Website address(es) used by the Practice submitting the application, to advertise, promote or offer its services to consumers.</p>	<p>N/A <input type="checkbox"/></p> <p>a. www.</p> <p>b. www.</p> <p>c. www.</p>



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<p>2. Tell us about the financial and regulatory history of the Practice you wish to CLC regulate?</p> <p>If the Practice related to this application will for the first time commence trading after a licence has been granted, tick here <input type="checkbox"/> and answer questions B1, B4, B8, and B9 ONLY.</p>		
B1	<p>Is the Practice applying to any other Licensing Authority to provide reserved legal activities, or is the Practice already regulated by an approved regulator:</p> <p>if yes, please provide</p> <p>a) any unique practice number or regulatory reference number;</p> <p>b) the name of the regulator;</p> <p>c) the most recent approved/commercial regulatory *inspection report; or</p> <p>d) any other similar correspondence?</p> <p>*If the Inspection Report is not available please briefly explain why a copy cannot be supplied.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Ref Number:</p> <p>Name:</p> <p>Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>
B2	<p>Has the Practice submitting the application ever been:</p> <p>a) the subject of a relevant insolvency event?</p> <p style="text-align: center;">Supporting Documentation attached</p> <p>b) subject to any ongoing, pending or previous investigation by any statutory, regulatory or governing body?</p> <p>If 'Yes' to the above, please give full details about the investigation including:</p> <ul style="list-style-type: none"> • the name of the investigating body; • date(s) for the incident(s) investigated; 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



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	<ul style="list-style-type: none"> any unique reference number; allocated by the investigating body to the investigation; the reason for the investigation, what was (or is being) investigated; and the results and date of any completed investigation. 	
B3	<p>Has the Practice submitting the application within the last three years had appointments to any lenders' panels:</p> <p>a) terminated; or</p> <p>b) temporarily suspended?</p> <p style="padding-left: 40px;">if 'Yes' please provide brief details, including the lender's name.</p> <p>c) or, proposed membership of any lenders' panels refused?</p> <p style="padding-left: 40px;">If 'Yes' please provide brief details, including the lender's name</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Lender: Lender: Lender:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Lender: Lender: Lender:</p>
B4	<p>Does the Practice currently hold, or plan to obtain professional indemnity insurance cover under:</p> <p>a) the CLC Professional Indemnity Insurance; or</p> <p>b) an alternative professional indemnity insurance?</p> <p style="text-align: center;"><i>Please provide a copy of the quotation and terms, or existing evidence.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached <input type="checkbox"/> Not attached <input type="checkbox"/></p>
B5	<p>Is the Practice currently providing conveyancing, probate, or will writing services?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached <input type="checkbox"/></p>



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	<p>if yes, please provide a copy of the existing professional indemnity cover policy</p> <p>if not, a brief explanation as to why not available</p>	<p>Not attached <input type="checkbox"/></p> <p>Click here to enter text.</p>
B6	<p>Has the Practice ever been refused professional indemnity cover</p> <p>If 'Yes', please provide brief details of why this has occurred.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Click here to enter text.</p>
B7	<p>Have any claims been made against the Practice within the last 5 years that:</p> <p>a) have resulted in the insurance company making payment to the claimant; or</p> <p>b) are still ongoing.</p> <p>If 'Yes' to the above, please give full details about the investigation including:</p> <ul style="list-style-type: none"> • date of event causing claim; • amount being claimed; • circumstances of the claim; • amount paid (or likely to be paid) by insurance company; and • who the claim was against, such as: Practice, parent company, or beneficial owner. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Provide details on a separate sheet;</i></p>
B8	<p>Does the Practice intend to source business directly from other linked organisations, such as, property developers, that would involve the selling of products or services to each others' clients?</p> <p>If yes, please provide details of any circumstance in which the Practice may act for both parties and set out how the Practice intends to manage any conflict of interest.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached <input type="checkbox"/></p> <p>Not attached <input type="checkbox"/></p>
B9	<p>Does the Practice intend to provide any service (reserved and non-reserved) where it has agreed to the sharing of fees with any third parties?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



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C3	<p>Has the Practice, or have any of the beneficial owners, any of the partners/members, or Directors of the Practice ever been:</p> <p>a) Refused Professional Indemnity Insurance cover? <div style="text-align: right;">Supporting Documentation attached</div> </p> <p>b) the subject of a relevant insolvency event? <div style="text-align: right;">Supporting Documentation attached</div> </p> <p>c) subject to any ongoing, pending or previous investigation by any statutory, regulatory or governing body?</p> <p>If 'Yes' to the above, please give full details about the investigation including:</p> <ul style="list-style-type: none"> • the name of the investigating body; • date(s) for the incident(s) investigated; • any unique reference number; • allocated by the investigating body to the investigation; • the reason for the investigation, what was (or is being) investigated; and • the results and date of any completed investigation 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached <input type="checkbox"/> Not attached <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Provide details on a separate sheet;</i></p>
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4. Tell us about your three year plan for the business?

In order for CLC to process applications it will need to understand how the Practice intends to operate, and has, or knows how to, put in place the appropriate corporate policies and procedures to demonstrate to the CLC that it will act responsibly and fairly in its dealings with clients, employees and all third parties.

For information about the type of information that should be included in a **three year plan for the business** please see Guidance for CLC Practice Applicants: section 2.

D1		
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	<p>A three year plan for the business must include the following financial information:</p> <ul style="list-style-type: none"> a) proof of existing, or intended, funding to include evidence of origin of funds e.g. copy of loan agreements, details of capital provided by directors, bank overdrafts; and b) a copy of the applicant's accounts for the last 3 years, if applicable; or c) if you have been trading for less than 3 years a copy of all yearly accounts; d) Supporting evidence listed in sections 2.2 to 2.6 in the Guidance for CLC Licensed Body Applicants. 	<p>Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
D2	<p>SUPPLEMENTARY/CONTINUATION INFORMATION: Please list any further supplementary evidence supplied with this application below.</p> <p>Please ensure all documentation is numbered and titled, and all corporate policies are annexed correctly.</p>	



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5. DECLARATION

I / we confirm this information is true, accurate and complete, and that all material information has been included.

I / we can confirm that the Practice has the appropriate compliance arrangements in place to meet CLC Code of Conduct and other regulatory arrangements.

I / we understand that a CLC regulated Practice has to sign the CLC's Inspection Co-operation Agreement and would ensure, if licensed, compliance with the provisions of that Agreement.

I / we understand the CLC is entitled to seek verification from any party where necessary and appropriate, including but not limited to clients, staff, government departments, Approved Regulators, other regulatory bodies, and previous insurers, Unless considered to be inappropriate, the CLC will endeavour to notify the applicant in advance of any such verification approach being undertaken.

I /we agree to notify the CLC, within 7 days, should any of the information in this application change.

I / we understand that any misrepresentation or failure to reveal information or grant any authorisation requested may be deemed to be sufficient cause for the refusal, suspension, or revocation of a licence.

Signed

Print Name [Click here to enter text.](#)

Position/Job Role/Interest [Click here to enter text.](#)

Date [Click here to enter text.](#)

Signed

Print Name [Click here to enter text.](#)

Position/Job Role/Interest [Click here to enter text.](#)



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Date [Click here to enter text.](#)

Signed

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Date [Click here to enter text.](#)

Signed

Print Name [Click here to enter text.](#)

Position/Job Role/Interest [Click here to enter text.](#)

Date [Click here to enter text.](#)

6. APPLICATION PAYMENT INFORMATION	
The ABS application fee paid is £1,200.00 and has been made by: Click here to enter text.	
The Recognised Body application fee paid is £150.00 and has been made by: Click here to enter text.	
Please tick	
E1	debit or credit card via on-line application <input type="checkbox"/>