**Practice Authorisation**

I authorise the Solicitors Regulation Authority (SRA) to supply the following information to the Council for Licensed Conveyancers:

**[NAMED PRACTICE] [PRACTICE ID]**

1. Is the [NAMED PRACTICE] currently licensed and regulated by the SRA?
2. From what date has [NAMED PRACTICE] been regulated by the SRA?
3. The [NAMED PRACTICE] has declared that it is or has in the last six years been the subject of the following investigations or disciplinary action by the SRA.  [DETAILS]
4. Has the [NAMED PRACTICE] been the subject of any further investigations or disciplinary action?  If so, please provide details.
5. To the SRA’s knowledge has the [NAMED PRACTICE] been the subject of any insolvency event in the last six years? If so, please provide details of the date and nature of the insolvency event.
6. [NAMED PRACTICE] has declared that in the last six years the SRA has carried out the following inspections of the [NAMED PRACTICE].  Has the SRA carried out any other inspections on [NAMED PRACTICE]?
7. [NAMED PRACTICE] has declared that in the last 3 years it submitted Accountant’s Reports to the SRA on [DATES], and that none of the Accountant’s Reports were qualified.  Does the SRA agree this information, and if not, please detail the information it has which does not agree with the information provided by [NAMED PRACTICE].

**Managers associated with [NAMED PRACTICE]**

7.       Are [NAMED MANAGERS] the only managers currently associated with [NAMED PRACTICE]?

8.       If not:

a.   which of [NAMED MANAGERS] are no longer associated with the [NAMED PRACTICE]?

b.   Please identify any other managers associated with the [NAMED PRACTICE]

Name: Capacity:

Signed: Practising Certificate Number: