

Conveyancing Panel Management Form



Data Protection Notice: The Society will be the Data Controller for the purposes of the Data Protection Act 1998 for the processing of data in relation to your application for admission to the panel or re-instatement to the panel and the ongoing administration and management of the panel.

1. Full name of firm:

2. Address of practice:

3. Is this the: main office a branch office home address

4. Is this office CQS accredited? Yes No

5. Type of practice: solicitor licenced conveyancer ABS

6. Telephone number including code:

7. Fax number:

8. DX Details:

9. Conveyancing department e-mail address:

10. I attach a list of all partners in the firm if unlimited. If limited I have provided director details and indicated if they are a Solicitor, Licensed Conveyancer or other.

11. I confirm I have adequate safe custody facilities Yes No

12. I confirm there is a qualified lawyer present at all opening times and the office is supervised by a solicitor/licensed conveyancer who has been qualified for at least 3 years Yes No

13. I confirm this firm has not been removed from any other lenders panel in the last 12 months Yes No

Reason if 'No'

14. I can confirm this firm has not previously been investigated or suspended from practice Yes No

Reason if 'No'

15. Professional Indemnity insurance cover amount is £

16. I have enclosed a copy of the current Professional Indemnity Insurance Certificate showing the limit of indemnity.

17. I have received and retained a copy of the Society's Terms of Membership and agree the firm will observe them.

Signature

Name

Position in Firm

Date (DD/MM/YY)

Please complete and return this form for further consideration together with a covering letter and a copy of your current Professional Indemnity Insurance Certificate to: conveyancingpanel@skipton.co.uk

Call in **branch** | Talk to us today **0345 850 1700** | Visit **skipton.co.uk**

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