

# Conveyancing Panel Management Form



**Data Protection Notice: The Society will be the Data Controller for the purposes of Data Protection 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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