



**APPLICATION FORM FOR APPOINTMENT TO THE
GIBRALTAR CONVEYANCING PANEL**

Please answer ALL questions using BLOCK CAPITALS and/or TICK the relevant box

1. FIRM CONTACT DETAILS

FIRM NAME:

FIRM ADDRESS:

DX Address:

Telephone No:

Fax No:

E-mail Address:

**HEAD OFFICE ADDRESS:
(if different to firm address)**

2. NUMBER OF PARTNERS AND LAWYERS IN THE FIRM

Please specify the number of partners in your firm:

Please specify the number of lawyers in your firm:

Please specify the date the firm was set up:

3. HAS THE FIRM HAD A CHANGE OF NAME RECENTLY?

Yes:

No:

If YES, please provide details below of the previous name, including previous address details and the dates of when the change(s) (if more than one change) was made.

4. BANK DETAILS

Please state details of your Firm's Client Deposit Account.

Account Name:

Account Number:

Bank Sort Code:

Name of Bank:

Branch where the account is held:

Date the account was opened:

5. HAVE YOU OR ANY OF THE LAWYERS/PARTNERS IN YOUR FIRM PREVIOUSLY BEEN ON THE SOCIETY'S PANEL?

Yes:

No:

If YES, please provide details below of the firm name including previous address details:

6. HAVE YOU OR ANY THE LAWYERS/PARTNERS IN YOUR FIRM EVER BEEN REJECTED OR REMOVED FROM THE SOCIETY'S PANEL OR ANY OTHER FINANCIAL INSTITUTIONS PANEL?

Yes:

No:

If YES, please provide the reason for your rejection/removal.

7. HAVE YOU OR ANY OTHER LAWYERS/PARTNERS IN YOUR FIRM EVER BEEN SUBJECT TO ANY DISCIPLINARY SANCTIONS, INVESTIGATIONS, OR CRIMINAL PROCEEDINGS OF ANY NATURE WHATSOEVER WHETHER IN OR OUTSIDE GIBRALTAR?

Yes:

No:

If YES, please provide details below.

8. HAVE YOU OR ANY OTHER PARTNER/LAWYER IN YOUR FIRM EVER HAD ANY COMPLAINTS MADE BY ANY CLIENTS AND/OR ANY OTHER FINANCIAL INSTITUTIONS?

Yes:

No:

If YES, please provide details below.

9. HAVE YOU OR ANY OTHER PARTNER/LAWYER BEEN INVESTIGATED BY THE ADMISSIONS AND DISCIPLINARY COMMITTEE ("THE COMMITTEE") OF THE GENERAL COUNCIL OF THE BAR IN GIBRALTAR OR OTHERWISE BEEN REPRIMANDED BY THE COMMITTEE?

Yes:

No:

If YES, please provide details below.

10. HAS YOUR FIRM EVER BEEN INSTRUCTED TO ACT AGAINST THE SOCIETY?

Yes:

No:

If YES, please provide details below.

11. PLEASE LIST BELOW THE FIRM'S SPECIALIST AREAS

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On behalf of the firm I enclose the following: *(please tick the relevant boxes)*

- | | | |
|-------|---|--------------------------|
| (i) | A copy of the individual lawyers Professional Indemnity Insurance Certificate | <input type="checkbox"/> |
| (ii) | A copy of the firm's letter headed paper | <input type="checkbox"/> |
| (iii) | A copy of individual lawyers Practicing Certificate | <input type="checkbox"/> |
| (iv) | A copy of the firm's most recent Client Deposit Account bank statement | <input type="checkbox"/> |
| (v) | Signed and dated Terms and Conditions Acceptance Form | <input type="checkbox"/> |
| (vi) | Copy of the Call to the Bar in Gibraltar for all lawyers within your firm who will act for us | <input type="checkbox"/> |

I declare that all the above particulars are true and to the best of my knowledge.

**Signed by Senior Partner
for an on behalf of :**

Name of Senior Partner

Date:

Please return this Application Form together with all enclosures to:

**Leeds Building Society Gibraltar Office,
First Floor,
Heritage House,
235 Main Street,
Gibraltar.**



**LEEDS BUILDING SOCIETY
GIBRALTAR CONVEYANCING PANEL
TERMS AND CONDITIONS ACCEPTANCE FORM**

Please answer ALL questions using BLOCK CAPITALS

1. FIRM CONTACT DETAILS

FIRM NAME:

FIRM ADDRESS:

DX Address:

Telephone No:

Fax No:

E-mail Address:

2. ACCEPTANCE OF THE SOCIETY'S TERMS AND CONDITIONS

I CONFIRM THAT THE FIRM IS BEING SUPERVISED AND REGULATED BY THE SUPREME COURT ACT.

I HEREBY AGREE TO THE FIRM'S APPOINTMENT TO LEEDS BUILDING SOCIETY'S GIBRALTAR CONVEYANCING PANEL FOR THE PURPOSE OF ACTING ON BEHALF OF LEEDS BUILDING SOCIETY AND IN RELATION TO ALL INSTRUCTIONS TO YOU AS A MEMBER OF THE SOCIETY'S GIBRALTAR CONVEYANCING PANEL AND IN ACCORDANCE WITH THE 'GIBRALTAR TERMS AND CONDITIONS 2010', A COPY OF WHICH HAS BEEN SUPPLIED TO ME.

Signed by Senior Partner for and on behalf of

Name of Senior Partner:

Date: