



Legal Aid
Agency

Application for Legal Aid Agency Provider Account Number

Please note: If you are Counsel requesting an account number, kindly complete AC1B.

- ▶ Explanatory notes on the completion of this form are given on page 3
- ▶ Please complete the declaration on page 3.
- ▶ Please use black ink only.
- ▶ Please use BLOCK CAPITALS.
- ▶ **ALL** fields are mandatory

Provider's details

Provider Type Solicitor Firm Not for Profit Mediation ABS

Name of Solicitor _____

Name of Firm/ Organisation _____

Company House Number _____

Address _____

City _____ County _____

Post code _____

DX Number _____ DX Exchange _____

Office Telephone number _____

VAT registration number (if applicable) with a copy of the VAT certificate _____

Are you entitled to London weighting? Yes No

Type of Practice Sole Practitioner Partnership Limited Company

(Please tick only one) Limited Liability Partnership Charity (Incorporated)

Charity (Unincorporated)

Type of Work Civil Crime Mediation

Does your Firm have any other Office doing legally aided work? No Yes

If yes, please enter Legal Aid Provider account number of your LAA Lead Office _____

and the Firm Name _____

Please tell us your practicing certificate number _____

- ▶ The date of your admission as a solicitor _____
- ▶ If the admission date is less than 3 years, has a waiver been granted?
 No Yes please attach a copy.
- ▶ Evidence of Professional Indemnity Insurance cover must be enclosed.

Please tell us your Bar Registration number _____

- ▶ The date of call to the Bar ____ / ____ / ____

Bank details

Please complete below to enable you to be paid by BACS. You will receive a statement detailing all transactions.

Name of Bank _____

Branch _____

Sort code _____ Account Number _____

Account Name (max 18 characters) _____

(If the account name is more than 18 characters long, please enter the first 18 characters)

Signature(s) of Account Signatory (ies)

(handwritten or electronic signatures only accepted)

- ▶ Please note: Two signatures are required if there is more than one partner/director in the firm

Firm's Primary Contact Details – same details as lead office for the firm

Name _____

Role in Firm _____

Address (if different from page 1)

Address _____

City _____ County _____

Post code _____

Telephone number _____

Firm Contact email address _____

Firm Website address (mandatory - if available) _____

Explanatory notes for completion of this form

- ▶ In cases where there is more than one partner in the firm; this form should be completed and signed by the senior partner.
- ▶ Where an application is being made for a new branch office, this form should be completed and signed by the partner who will take charge of the new office.
- ▶ If your firm has multiple offices carrying out legal aid work, a separate form should be completed for each of the offices with an indication given on page 1 to which is the Firm's Head Office.
- ▶ Please note that the primary contact details will be used to create an online account for your firm and this person will be given the system administrator role which will enable them to create other users within your firm/offices.
- ▶ Please ensure that in the 'Firm's Primary Contact Details' you enter the correct email address as this is where important documentation such as Schedule Notifications will be sent.
- ▶ If your firm is in the process of a merger, please use the details of the office that will exist after the merger.

Handwritten/Electronic Signature of applying Partner/Director

The account number will be issued on condition that the requirements of the Solicitors Act 1974 and current SRA Code of Conduct for Solicitors, RELs and RFLs are met. The account number can be withdrawn so that no claims against the Legal Aid Agency's funds can be made if the Agency is at any time not satisfied that the requirements are met. If there is a breach of the requirements the Agency can report you to the Solicitors Regulation Authority which could refer the matter to the Solicitors' Disciplinary Tribunal which, in turn, could make an order excluding you from undertaking Legal Aid Agency work by virtue of Section 47(2) Solicitors Act 1974.

- ▶ I certify that the firm or organisation complies with the requirements of SRA Code of Conduct for Solicitors, RELs and RFLs as to the supervision and management of an office.
- ▶ I certify that I comply with section 1 Solicitors Act 1974 and that all the work done by the firm or organisation will be undertaken or supervised by a solicitor.
- ▶ In the case of volunteer solicitors, I certify that I will sign any claims for payment personally and they will only relate to work done by me or under my immediate supervision during a session attended by me.
- ▶ I certify that I am an Alternative Business Structure who complies with the requirements of the Legal Services Act 2007.

Declaration and Signature

- ▶ I hereby apply for the issue of a Legal Aid Agency provider account number.
- ▶ I confirm that I shall immediately advise the Provider Records Section in writing of any changes to my firm's details and also in banking details. I shall also inform my contract manager of any changes my address to details given above. This will be sent to the following email address ProviderRecords-London@justice.gov.uk

Please sign below and return to where instructed.

Signature of applying Solicitor _____

Full name (in block capitals): _____

Role in Firm: _____ Date: _____