

The Legal Defence Union Membership Application Form

1. I/We wish to apply to be registered as a Member of The Legal Defence Union Limited.

Member Name:

Postal Address:

Telephone

Email

Contact Name:

Position

2. I/We wish to apply as (please tick)

Individual Member

Employed Member

Corporate Member

3. For Corporate Membership, please advise the number of:

i) Partners\Directors:		ii) Associates:	
ii) Consultants:		iv) Employed Solicitors	

4. Are you, after enquiry, aware of any circumstances that

a) may give rise to a claim being made under the Legal Defence Union Legal Expenses scheme? Yes

☐

No

☐

b) would have given rise to a claim under the scheme had cover been in place at the time of the incident (including incidents that occurred whilst any Partner was working for another firm)
If the answer to a) or b) is 'Yes', please give details below

☐

No

☐

Please continue on separate sheet if required. Please tick if separate sheet attached.

5. Do you require Employment Cover to be added to your subscription? (£500 + VAT)
(corporate membership only)

Yes ☐

6. Do you require Guarantee Fund\Client Protection Cover to be added to your subscription? (£500 + VAT) **(corporate membership only)**

Yes ☐

7. Do you require AML Investigation Cover to be added to your subscription? (£2000 + VAT) **(corporate membership only)**. Please complete the questionnaire at the end of this application form.

Yes ☐

8. Do you require Third Party Cover to be added to your subscription? (£1200 + VAT)
(corporate membership only)

Yes ☐

9. Do you require Child Welfare\Court Reporter cover to be added to your subscription. (£500 + VAT). Please add name of solicitor to be covered. **(corporate membership only)**

Yes ☐

10. Do you require Professional Practice Cover to be added to your subscription? (£1000 + VAT) **(corporate membership only)**

Yes ☐

11. Do you require Data Protection Cover to be added to your subscription? (£500 + VAT) **(corporate membership only)**

Yes ☐

Method of Payment

By cheque made payable to "Legal Defence Union Ltd" (please attach) ☐

By Direct Debit (please complete attached mandate (see letter) ☐

By Bank Transfer ☐

10. Declaration for Insurance Purposes

I/We declare that the above statements made by me/us or on my/our behalf are to the best of my/our knowledge and belief true and complete and I/we agree that this proposal will form part of the contract between the Insurer and myself/ourselves.

Signature _____ Date _____

Please return the completed form with your remittance or Direct Debit Mandate to:
The Legal Defence Union Ltd, Walkend, Aldbar, Brechin.DD9 6SW

AML Questionnaire

1. Nature of all work undertaken by the practice?
2. Nature of the client base e.g. individuals, UK corporate entities, overseas clients etc?
3. Could any of the clients be described as high net worth individuals?
4. Are any clients PEPs, and if so do you keep a central register?
5. What training in AML does the firm provide?
6. Has the practice reviewed the Law Society AML toolkit?
7. When was your PWRA last updated and signed off?
8. When was your PCPs last updated and signed off?
9. Has any adverse report ever followed upon an AML inspection?
10. Name of MLRO & position within the practice?
11. If an MLCO has been appointed, his/her name & position within the practice?
12. Is the MLRO aware of any current issues arising from current AML procedures?