## KentReliance

ALL FIELDS ARE MANDATORY TO COMPLETE

Date								
Firm name								
Office Address								
	Please provide the details of the office you require to be on our Panel							
Telephone number	Firm Email Address							
DX number	Nominated key contact							
	Email Address							
Alternative key contact details								
Contact name 1	Contact name 2							
Email Address	Email Address							
N / N / N / N								

**Note**: Nominated key contacts must be named partners, LLP designated members of the partnership or registered directors of the firm (as appropriate), must also be SRA-approved managers or CLC approved managers, and must not be corporate members/directors.

Any changes to the details on this form (including bank account details, registered/principal address, key contact and email address) must be requested by any of the key contacts listed above by emailing **Solicitorsonpanel@krbs.com**. Failing to inform us about a change of key contacts will mean your firm will have to re-register for panel membership by sending a new completed Solicitor registration form to the email address as above.

## Bank account details

Bank name							
Bank address							
	Postcode						
Accountname							
Sort code		Account Number					
krfi.co.uk/conveyancing	this firm meets the Kent Reliance <b>g</b> and that all of the details and inf Kent Reliance promptly of any cha	ormation given on this form		curate a	nd cori	rect,	
Authorised Signatory 1 of 2		Authorised Signatory 2 of 2					
Name (PRINT)		Name (PRINT)					
Position		Position					

**Note**: Two authorised signatories are required. Authorised signatories must be named partners, LLP designated members of the partnership or registered directors of the firm (as appropriate), must also be SRA-approved managers or CLC approved managers, and must not be corporate members/directors.

SRA Number



SRA Number

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