

Fellowship of Professional Willwriters and Probate Practitioners



COMPENSATION FUND

APPLICATION FORM

Mr		Mrs		Ms		Miss		Other	
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Please give details

Surname (or names): _____

First name (or names): _____

Address and postcode: _____

Daytime Tel No: _____

E-mail address: _____

Have you already contacted us about this matter?

Yes		No	
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If 'Yes', please quote our reference number: _____

Member's Details

Name of member you are making this application against:

Name of firm:

Firm's address and postcode:

Value of Application

Amount of compensation applied for £ _____

Details of other interested parties (beneficiaries)

Please give details of any other people who may have an interest in this application:

Please state what that interest is:

Other places you can recover the loss from

Can you recover any part of the loss from another source, for example, the Will Writers Professional Indemnity Insurance

Yes		No	
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If 'Yes', please give details:

Statement

Please give the date (or approximate date) on which you first became aware of the loss:

Please provide details of the circumstances leading to this claim:

Please attach any correspondence or documents which prove your loss and list them below:

Any other relevant information:

Declaration

I confirm that I have suffered financial loss (as described in this form) which I believe is due to the member's (or his employees' or managers')

A) Dishonesty, or

B) Professional neglect

and I am applying to you for a grant to be paid from the compensation fund.

I transfer to you any rights I may have to recover the loss from the member.

I give you my permission to gather any relevant information that you need from third parties and to provide third parties with any relevant information about my application.

I declare, that to the best of my knowledge, that the information I have given is true. I acknowledge that I must inform you about any other information (for example, any money I recover or if I am made bankrupt) which may be relevant to this application.

If I am signing this form as the representative of another person, I confirm that they have authorised me to sign it.

Name:

signed

Date:
