



1 Please refer to the notes for guidance on completion of this form overleaf.

Please complete this form in block capitals.

**Office Details**

Your supplier number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Supplier name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of formation: \_\_\_\_\_

Other offices in partnership: \_\_\_\_\_

**Personnel Details**

1 Please give the number of fee earners employed by your organisation

Partners:  Other admitted personnel: Non-admitted personnel:  Other fee earners:  TOTAL 

(A) Has your organisation or any of the above fee earners been or is currently the subject of any proceedings before the Solicitor's Disciplinary Tribunal, or an adjudication by the Compliance and Supervision Committee, or a finding of inadequate professional service by the OSS, (or any of the aforementioned committees' predecessors under the SCB) under the Courts and Legal Services Act 1990 or the Administration of Justice Act 1988?

Yes  No 

(B) Have any claims been made under your indemnity insurance policy to the Solicitor's Indemnity Fund or it's equivalent?

Yes  No 

If the answer to (A) or (B) is "Yes" please attach details to the relevant form

**Certification**

I certify on behalf of the organisation that all of the above information is correct to the best of knowledge and belief and I understand that, if any of the above information is found to be incorrect, the Commission reserves the right to terminate any Quality Mark agreement in force.

I certify that the organisation authorises the Legal Services Commission to submit status enquiries to and to obtain information from, the Office for the Supervision of Solicitors, The Law Society and any other appropriate bodies in connection with this Quality Mark application and, if the organisation is awarded a Quality Mark, at any time or times while the Quality Mark agreement is in force, and that such authority is in respect of the organisation and of the fee earners referred to in this application.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Senior Partner/Partner/Manager)  
(with authority to sign on behalf of the organisation)

## Guidance On The Completion Of This Form

- 1 When completing the certification section of form QM 1 you agree on behalf of the organisation to the Office for the Supervision of Solicitors releasing information on complaints and authorise the Legal Services Commission to submit status enquiries and to obtain information from other appropriate bodies, as and when appropriate.
- 1 Please ensure that the sum of the sub totals of partners, other admitted personnel, non-admitted personnel and other fee earners is correctly reflected in the overall total box. Remember that these figures should be based on all people involved directly or indirectly in the relevant Quality Mark categories, at all offices included in your application.
- 1 You must ensure that all relevant people directly or indirectly involved in work in the categories which are the subject of your application have completed an appropriate status enquiry form and that completed forms OSS 1, SIF 1 and all OSS 2 and OSS 3 forms are submitted with your Quality Mark application(s).
- 1 Please include contracted fee earners or employees from other offices within the organisation, if relevant.

The Status enquiry forms are:-

- i) OSS 1
- ii) OSS 2
- iii) OSS 3
- iv) SIF 1

- 1 A separate form OSS 2 MUST be completed for each admitted member of your office, working in the categories being applied for. (Please retain the original blank form for future use and photocopy sufficient for your purposes).
- 1 A separate form OSS 3 MUST be completed for each non-admitted member of your office, working in the categories being applied for. (Please retain the original blank form for future use and photocopy sufficient for your purposes).
- 1 Forms OSS 2 and OSS 3 are intended for status enquiries and also to confirm the nominated category supervisors, how they qualify as a category supervisor and any other related qualifications which might support certain devolved powers on the grant of a work contract. Please remember to check each supervisor nominated by your organisation has correctly shown his/her supervisory status on form OSS 2 or OSS 3 together with how he/she qualifies.

Status enquiry forms OSS 2 (admitted Staff) and OSS 3 (non-admitted Staff) must be completed and attached to this form.

Please remember that if you have answered yes to any of the questions asked on this form you are required to provide details accordingly.

### For OSS Use Only

Any decisions made against the organisation? Yes  No

- 1 If the answer is "Yes" please attach details