**FORM 1**

 ****

**APPLICATION FORM FOR SOLICITOR/SINGAPORE LAW PRACTICE**

***(Form 1 to be completed only by a sole proprietor/partner/director of a Singapore Law Practice for the transfer of unclaimed client money)***

**PLEASE NOTE:**

1. **For applications to transfer legacy amounts from 1 November 2019 to 31 October 2021, please complete Sections A, B, C, E and Form 2a only.**
2. **For applications to transfer legacy amounts *after* 1 November 2021, please complete Sections A to E only.**
3. **For applications to transfer small amounts, please complete sections A, B, C, E and Form 2b only.**
4. **Table 1a (attached) to be completed where there is unclaimed client money for multiple matters/transactions for a single client. This applies to the transfer of legacy amounts, small amounts, and all other amounts.**

**A. DETAILS OF APPLICANT** *(all fields in the table below must be completed)*

|  |  |
| --- | --- |
| Name of Solicitor |  |
| Name of Singapore Law Practice |  |
| Address/Place of Business |  |
| Contact Number |  |
| Fax Number |  |
| E-Mail Address |  |

**B. FILE/MATTER INFORMATION**

Please complete Form 1 for *each client* for whom you are holding unclaimed client monies. You may photocopy Form 1 if you wish. If you have more than one matter or transaction for a client, please complete Table 1a (attached).

|  |  |
| --- | --- |
| Name of solicitor in charge of the matter (if different from name of solicitor in section A)  |  |
| File Reference Number |  |
| Type of file/matter (*e.g.*, personal injury, conveyancing *etc.)*  |  |
| Date on which money was paid to the solicitor/Singapore Law Practice |  |
| Amount of money to be transferred to the Fund |  |

**C. CLIENT INFORMATION**

[If more than one client is entitled to the unclaimed client money for the same file/matter, please **attach a separate copy of Form 1 for each client** and complete all questions.]

**For Individuals**

|  |  |
| --- | --- |
| Full name (including any aliases)  |  |
| Last known residential address |  |
| Last known telephone or mobile number  |  |
| NRIC/FIN/Passport number |  |
| Nationality  |  |

**For Entities**

|  |  |
| --- | --- |
| Name of body corporate or unincorporate |  |
| Full name of person instructing solicitor/Singapore law practice on matter pertaining to the entity (if applicable) |  |
| Address of place of business or registered office |  |
| Telephone number |  |
| Date and place of registration/incorporation |  |
| Unique Entity Number (UEN) |  |

**D. EFFORTS MADE TO RETURN UNCLAIMED CLIENT MONEY**

Please enclose scanned copies of the documents that relate to the steps taken to pay out the unclaimed client money. Examples of steps that the applicant will need to take to return the unclaimed client money are set out below. At the point of submitting the application, the applicant must demonstrate that reasonable effort to pay the money to which the application relates to every client entitled to the money was made.

|  |  |  |  |
| --- | --- | --- | --- |
| **Steps Taken:** | **Yes / No** | **If no, why not appropriate** | **If yes, what was the result** |
| Letters, Faxes, e-mails sent(attach copies) | **Yes / No** |  |  |
| Phone calls made(provide telephone number(s) ) | **Yes / No** |  |  |
| Internet search (e.g. Google) | **Yes / No** |  |  |
| Contact appropriate third parties e.g. client’s family members, employers, banks/creditors  | **Yes / No** |  |  |
| ACRA search | **Yes / No** |  |  |
| For estate matters, contacting the Personal Representatives or Executors  | **Yes / No** |  |  |
| Other (specify) | **Yes / No** |  |  |

1. **CONFIRMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, sole proprietor/partner/director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that the information set out in this application, and in any attachments, is correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature**

Please deliver (by hand or post) the original, signed copy of Form 1 and all supporting documents to:

**The Law Society of Singapore**

**28 Maxwell Road**

**#01-03 Maxwell Chambers Suites**

**Singapore 069120**

 **Table 1a**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **File Reference Number**  | **Name of Solicitor in Charge of the Matter** | **Type of File/Matter** | **Date on which money was paid to Solicitor/Singapore Law Practice** | **Amount (SGD) of Money to be Transferred to the Fund** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Amount (SGD):** |  |