

APPLICATION FOR MEMBERSHIP

APPENDIX FOR ABSs

Name of applicant firm	
Name of Owner/Backer	
Name of decision maker for Claimant PI area of law	
Name of overall decision maker (should there be any conflicts)	
Name of Compliance Officer for Legal Practice	
Name of Compliance Officer for Finance & Admin	
Do you have any policies in place for conflict of interest in RTA Cases	
Have you been approved by other regulatory bodies, e.g. FCA	

Name	
Signature	
Date	

Please return completed form via email to: enquiries@mass.org.uk

Thank you

NB MASS will not divulge the information contained in this application to any party other than MASS unless by prior agreement