**Annexure 1: Assurance of Compliance Report - Annually**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Name of Partner/Officer providing the assurance |  |
| Period covered by the assurance | From [*xxx*] to [*yyy*] |

# Conflict of Interest

Please provide assurance that the Service Provider has complied with the disclosure of any Conflict of Interest as required by clause 22 of the Panel Contract.

|  |  |  |
| --- | --- | --- |
| Complied | Yes | No |
| Non-Compliance issues | [Must specify Conflict of Interest and any client or matter potentially affected or affected] | |
| Action taken to ensure compliance |  | |

# Disclosure of Incidents or Probity Events

Please provide assurance that the Service Provider has complied with the disclosure of any Incidents or Probity Events as required by clause 22 of the Panel Contract.

|  |  |  |
| --- | --- | --- |
| Complied | Yes | No |
| Non-Compliance issues | [Must specify incident and person who is the subject of incident] | |
| Action taken to ensure compliance |  | |

# Government Policies

Please provide assurance that the Service Provider has complied with the Government Policies, including with additional policies notified to the Service Provider, as required by clause 30 of the Panel Contract.

|  |  |  |
| --- | --- | --- |
| Complied | Yes | No |
| Non-Compliance issues | [Must specify client, matter and failure to comply] | |
| Action taken to ensure compliance |  | |

# Monitoring and reporting of costs

Please provide assurance that where the Service Provider has provided an Estimate or is providing Services where there is a fee cap that you have informed the Client no later than the time the legal costs accrued or incurred in respect of the Services reached 80% of that Estimate or fee cap.

|  |  |  |
| --- | --- | --- |
| Complied | Yes | No |
| Non-Compliance issues | [Must specify client, matter type (specified in par 1.7 of the Legal Services Order) and failure to comply] | |
| Action taken to ensure compliance |  | |

# Insurance

Please attach copies of insurance certificates for all insurances required to be maintained under the Panel Contract. These should include the relevant policy number, amount insured, policy start and end dates and number of the insurer.

|  |  |  |
| --- | --- | --- |
| Complied | Yes | No |

Signed (Service Provider)

|  |  |  |
| --- | --- | --- |
| Name | Title | Date |