



Initial Conflict Check

Matter Description			
Client Full Names			
Previous names			
If more than one client what is the relationship	<i>e.g married, cohabiting, sibling etc</i>	Have we acted for them previously?	Yes No
Any observations on the above?			

Other party/ parties full name			
Who is acting for the other party			
Any observations on the above?			

ALB Static Conflict Check Completed?	Yes No	ALB search of property address completed?	Yes NO
Either party personally known to a member of TEWP staff	Yes No	Any conflict between TEWP's interest and those of the client?	Yes No
Any observations on the above?			

If any concerns or risk of conflict, authority to act must be obtained from COLP

Signed: _____ Dated: _____