|  |  |  |
| --- | --- | --- |
| **Department for Work and Pensions** |  | |
|  |  | |
|  | Our Address: | Debt Centre Sunderland |
|  |  | Compensation Recovery Unit |
|  |  | Post Handling Site B |
|  |  | Wolverhampton |
|  |  | WV99 2FR |
|  |  |  |
|  | Opening Hours: | Mon-Fri 08:00 -17:00 |
|  | CRU Ref: |  |
|  | Your Ref: |  |
|  |  |  |
|  | Our Phone Number: | 0800 1513157 |
|  | Our Fax Number: | 0191 2252366 |
| Date: | Text Relay: | 18001 0800 1513157 |
|  | Website: www.gov.uk/government/collections/cru | |

# Solicitor registration form

Complete this form if you are taking over responsibility of a case from an insurance company, which has **previously** registered the claim with the Compensation Recovery Unit (CRU)

If the case **has not** previously been registered with the CRU do not use this form; complete a form **CRU1** and send it to the above address immediately.

|  |  |
| --- | --- |
| Injured person’s details | |
| CRU reference: |  |
| Surname: |  |
| Forename: |  |
| National Insurance (NI) number: |  |
| Date of birth: |  |

|  |  |
| --- | --- |
| Details of your company | |
| Reference number: |  |
| Company name: |  |
| DX or postal address: |  |
| Postcode: |  |
| Contact name: |  |
| Contact telephone number: |  |

|  |  |
| --- | --- |
| Details of the insurance company | |
| Reference number: |  |
| Company name: |  |
| DX or postal address: |  |
| Postcode: |  |
| Contact name: |  |
| Contact telephone number: |  |
| Name of policy holder: |  |

|  |  |
| --- | --- |
| Additional details | |
| Hospital and / or Ambulance Details |  |
| Do you require a Certificate / NHS Certificate? | Certificate  NHS Certificate |

**Note:** Only request a Certificate if you are ready to settle the case **and** a valid Certificate is not held on your file.

When complete, return this form immediately to the postal address at the top of this form. Alternatively e-mail the form to [cru.highvolumeareacertificates@dwp.gov.uk](mailto:cru.highvolumeareacertificates@dwp.gov.uk)