SETTLEMENT AGENTS

Section 54(3) of the *Settlement Agents Act 1981*

CHANGE OF AUDITOR REQUEST FORM

Please lodge this form by email to audits@lgirs.wa.gov.au, by fax (08) 6251 2801, or by post to Locked Bag 14 Cloisters Square Perth WA 6850.

Part 1 – Agent details	
Licensed agent name	
Business / trading name	
Address	
Triennial certificate number	**SA**
Person in bona fide control	
Telephone number	
Email address	

Part 2 – Agent request

I (print full name) .....

request the approval of the Commissioner for Consumer Protection to change the auditor for the trust account/s of

(licensed agent name) .....

from (outgoing auditor) .....

to (incoming auditor) .....

because (reason/s) .....

.....

SIGNATURE OF LICENSEE **DATE**

continued over page…

Part 3 – Outgoing auditor details

Auditor name	
Of (firm name)	
Registered auditor number	
Address	
Telephone number	
Email address	

Part 4 – Outgoing auditor statement

I (print full name) .....

hereby notify the Commissioner for Consumer Protection (the Commissioner) that I relinquish statutory responsibility for the auditing of the trust account of

(licensed agent name) .....

I also advise that (please tick one)

☐ there is nothing that I am aware of that should be brought to the Commissioner's attention; or

☐ the following matters should be brought to the Commissioner's attention:

.....

SIGNATURE **DATE**

Part 5 – Incoming auditor details

Auditor name	
Of (firm name)	
Registered auditor number	
Address	
Telephone number	
Email address	

Part 6 – Incoming auditor statement and undertaking

I hereby notify the Commissioner for Consumer Protection of my consent to the appointment as auditor of all trust accounts held by the agent nominated in Part 1 of this form ("the Agent"). I confirm that I am not related by blood, marriage or de facto relationship and have not had any business dealings with the Agent, or anyone working with the Agent. I undertake to disclose to the Commissioner any business dealings I have with or through the Agent at any time during my appointment as auditor. I understand that my appointment as auditor for the Agent is continuous unless the Commissioner approves a subsequent change in the appointment.

SIGNATURE **DATE**