

CHANGE OF AUDITOR REQUEST FORM FOR MOTOR VEHICLE DEALERS SELLING ON CONSIGNMENT

MOTOR VEHICLE DEALERS ACT 1973, SECTION 32C AND 32I
MOTOR VEHICLE DEALERS (SALES) REGULATIONS 1974, REGULATIONS 10C AND 10H

PART 1 - DEALER'S DETAILS

Entity Name			
Dealer's Licence No.	MD		
Dealer's Email Address			
Dealer's Address			
Reason(s) for Changing Auditors			
Dealer's Signature:		Date	___ / ___ / ___

PART 2 - OUTGOING AUDITOR'S DETAILS

Auditor's Name			
Auditor's Firm Name			
Auditor's Address			
Auditor's Telephone Number			
Auditor's Email Address			
Matters to Disclose to the Commissioner (if any)			
Auditor's Signature		Date	___ / ___ / ___

PART 3 - INCOMING AUDITOR'S DETAILS

Auditor's Name	
Registered Company Auditor Number	
Auditor's Firm Name	
Auditor's Address	
Auditor's Telephone Number	
Auditor's Email Address	
<p>I hereby notify the Commissioner for Consumer Protection of my consent to the appointment as auditor of all trust accounts held by the motor vehicle dealer nominated in Part 1 of this form ("the Dealer"). I confirm that I am a registered company auditor under Part 9.2 of the <i>Corporations Act 2001</i>. I confirm that I am not related by blood, marriage or de facto relationship and have not had any business dealings with the Dealer, or anyone working with the Dealer. I undertake to disclose to the Commissioner any business dealings I have with or through the Dealer at any time during my appointment as auditor. I understand that my appointment as auditor for the Dealer is continuous unless the Commissioner approves a subsequent change in the appointment.</p> <p>Auditor's Signature: _____</p> <p>Date: _____</p>	

Lodge this application by:

- Email: audits@lgirs.wa.gov.au;
- Fax: (08) 6251 2801; or
- Post: Locked Bag 14, Cloister Square Perth WA 6850