GOVERNMENT OF WESTERN AUSTRALIA

Department of **Local Government, Industry Regulation and Safety**
Consumer Protection

SETTLEMENT AND BUSINESS AGENTS

Part IV *Settlement Agents Act 1981*

REQUEST FOR APPROVAL OF AUDITOR APPOINTMENT

AGENT'S DETAILS	
LICENSED ENTITY NAME	
TRIENNIAL CERTIFICATE NUMBER (TC NUMBER)	
I, _____ , (Licensee's Full Name or Name of Person in Bona Fide Control of Entity) request that the Commissioner for Consumer Protection ("the Commissioner") approve the appointment of the auditor stated below to audit and report on the trust account(s) of the licensed entity.	
SIGNATURE OF LICENSEE	
DATE	

AUDITOR'S DETAILS	
ASIC REGISTERED COMPANY AUDITOR NUMBER:	
NAME OF AUDITOR	
NAME OF AUDITOR'S FIRM	
ADDRESS	
TELEPHONE NUMBER	
EMAIL	
I hereby notify the Commissioner for Consumer Protection of my consent of appointment as auditor of the trust account(s) of the agent nominated in this form ('the Agent"). Where the agent is an individual, I confirm that I do not have a de facto relationship with the Agent or anyone working with him or her. Where the agent is not an individual, I confirm that I am not related by blood or marriage to, and I do not have a de facto relationship with 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 acknowledge that my appointment as auditor is continuous unless the Commissioner approves a subsequent change in the appointment.	
SIGNATURE OF AUDITOR	
DATE	

Department of Local Government, Industry Regulation and Safety, Consumer Protection Division
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