GOVERNMENT OF WESTERN AUSTRALIA

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

SETTLEMENT AND BUSINESS AGENTS

Part IV *Settlement Agents Act 1981*

NOTIFICATION OF CLOSED / AMENDED TRUST ACCOUNT

Agents should advise the Commissioner for Consumer Protection ***as soon as practicable or within five working days*** *when a trust account is closed or amended. Note that this is not required for separate interest bearing trust accounts.*

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.

CLOSED ☐ **AMENDED** ☐

Date Closed or Amended: _____

The designation of the trust account must include the name of the holder of the triennial certificate, business name of the holder of the triennial certificate (if any), the description "SA Trust Account" and the letters "TC" followed by the triennial certificate number.	
LICENSED ENTITY NAME	
BUSINESS / TRADING NAME	
TRIENNIAL CERTIFICATE NUMBER (TC NUMBER)	
FULL TRUST ACCOUNT TITLE (as registered with the bank)	
Please ensure that the Licensed Entity Name corresponds with the Triennial Certificate Number	
NAME OF FINANCIAL INSTITUTION	
BRANCH NAME	
BRANCH ADDRESS	

BSB NUMBER						**ACCOUNT NUMBER**								

SIGNATURE OF LICENSEE	
DATE	

Department of Local Government, Industry Regulation and Safety, Consumer Protection Division
Locked Bag 14 Cloisters Square Perth WA 6850
Trust and Audit enquiries: (08) 6552 9538, Trust and Audit Fax: (08) 6251 2801
Licensing enquiries: 1300 30 40 64
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