

SETTLEMENT AND BUSINESS AGENTS

Part IV Settlement Agents Act 1981

NOTIFICATION OF OPENING A TRUST ACCOUNT

*Agents should advise the Commissioner for Consumer Protection **as soon as practicable or within five working days** when a trust account is opened. 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.

Date Opened: _____

(For all opened trust accounts, please complete the attached Auditor Appointment form)

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)														
<i>Please ensure that the Licensed Entity Name corresponds with the Triennial Certificate Number</i>														
NAME OF FINANCIAL INSTITUTION														
BRANCH NAME														
BRANCH ADDRESS														
BSB NUMBER					ACCOUNT NUMBER									
SIGNATURE OF LICENSEE														
DATE														

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