



SETTLEMENT AGENTS

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

CHANGE OF AUDITOR REQUEST FORM

Please lodge this form by email to audits@dmirs.wa.gov.au, by fax (08) 6251 2801, or by post to Locked Bag 100 East Perth WA 6892.

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

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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)	
<input type="checkbox"/>	there is nothing that I am aware of that should be brought to the Commissioner's attention; or
<input type="checkbox"/>	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