

Government of Western Australia Department of Mines, Industry Regulation and Safety Consumer Protection

SETTLEMENT AGENTS

Section 54(3) of the Settlement Agents Act 1981

CHANGE OF AUDITOR REQUEST FORM

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

Part 1 – Agent details	
Licenced egent neme	
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 account/s of	Commissioner for Consumer Protection to change the auditor for the trust
(licensed agent name)	
from (outgoing auditor)	
to (incoming auditor)	
because (reason/s)	
SIGNATURE OF LICENSEE	DATE

continued over page...

Part 3 – Outgoing au	uditor 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 Commis responsibility for the audit	sioner for Consumer Protection (the Commissioner) that I relinquish statutory ing of the trust account of
(licensed agent name)	
I also advise that (please	tick one)
there is nothing th	at I am aware of that should be brought to the Commissioner's attention; or
the following matte	ers should be brought to the Commissioner's attention:
SIGNATURE	DATE
SIGNATURE Part 5 – Incoming au	
Part 5 – Incoming au	
Part 5 – Incoming au Auditor name	
Part 5 – Incoming au Auditor name Of (firm name)	
Part 5 – Incoming au Auditor name Of (firm name) Registered auditor number	
Part 5 – Incoming au Auditor name Of (firm name) Registered auditor number Address	
Part 5 – Incoming au Auditor name Of (firm name) Registered auditor number Address Telephone number Email address	
Part 5 – Incoming au Auditor name Of (firm name) Registered auditor number Address Telephone number Email address Part 6 – Incoming au I hereby notify the Common of all trust accounts held in not related by blood, mark Agent, or anyone working dealings I have with or thr	Juditor details Juditor details Juditor statement and undertaking Issioner for Consumer Protection of my consent to the appointment as auditor by the agent nominated in Part 1 of this form ("the Agent"). I confirm that I am riage or de facto relationship and have not had any business dealings with the g with the Agent. I undertake to disclose to the Commissioner any business ough the Agent at any time during my appointment as auditor. I understand that or for the Agent is continuous unless the Commissioner approves a subsequent
Part 5 – Incoming au Auditor name Of (firm name) Registered auditor number Address Telephone number Email address Part 6 – Incoming au I hereby notify the Comm of all trust accounts held not related by blood, mar Agent, or anyone working dealings I have with or thr my appointment as auditor	Juditor details Juditor details Juditor statement and undertaking Juditor statement and undertaking issioner for Consumer Protection of my consent to the appointment as auditor by the agent nominated in Part 1 of this form ("the Agent"). I confirm that I am riage or de facto relationship and have not had any business dealings with the g with the Agent. I undertake to disclose to the Commissioner any business ough the Agent at any time during my appointment as auditor. I understand that or for the Agent is continuous unless the Commissioner approves a subsequent

Department of Mines, Industry Regulation and Safety, Consumer Protection Division Locked Bag 100, East Perth WA 6892 Trust and Audit enquiries: (08) 6552 9538, Trust and Audit Fax: (08) 6251 2801 Licensing enquiries: 1300 304 064 Page 2 of 2 www.dmirs.wa.gov.au