



CHANGE OF AUDITOR REQUEST FORM FOR MOTOR VEHICLE DEALERS SELLING ON CONSIGNMENT

**MOTOR VEHICLE DEALERS ACT 1973, SECTION 32C AND 32I
MOTOR VEHICLE DEALERS (SALES) REGULATIONS 1974, REGULATIONS 10C AND 10H**

PART 1 - DEALER'S DETAILS

Entity Name			
Dealer's Licence No.	MD		
Dealer's Email Address			
Dealer's Address			
Reason(s) for Changing Auditors			
Dealer's Signature:		Date	___ / ___ / ___

PART 2 - OUTGOING AUDITOR'S DETAILS

Auditor's Name			
Auditor's Firm Name			
Auditor's Address			
Auditor's Telephone Number			
Auditor's Email Address			
Matters to Disclose to the Commissioner (if any)			
Auditor's Signature		Date	___ / ___ / ___



PART 3 - INCOMING AUDITOR'S DETAILS

Auditor's Name	
Registered Company Auditor Number	
Auditor's Firm Name	
Auditor's Address	
Auditor's Telephone Number	
Auditor's Email Address	
<p>I hereby notify the Commissioner for Consumer Protection of my consent to the appointment as auditor of all trust accounts held by the motor vehicle dealer nominated in Part 1 of this form ("the Dealer"). I confirm that I am a registered company auditor under Part 9.2 of the <i>Corporations Act 2001</i>. I confirm that I am not related by blood, marriage or de facto relationship and have not had any business dealings with the Dealer, or anyone working with the Dealer. I undertake to disclose to the Commissioner any business dealings I have with or through the Dealer at any time during my appointment as auditor. I understand that my appointment as auditor for the Dealer is continuous unless the Commissioner approves a subsequent change in the appointment.</p> <p>Auditor's Signature: _____</p> <p>Date: _____</p>	

Lodge this application by:

- Email: audits@dmirs.wa.gov.au;
- Fax: (08) 6251 2801; or
- Post: Locked Bag 100, East Perth WA 6892.