



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

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)													
<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													