



# Application for a Real Estate Settlement Agents Licence and/or Business Settlement Agents Licence – Body Corporate

## APPLICATION CHECKLIST

Prior to submitting the application, please complete this checklist, attaching the supporting documentation in the order set out below. Incomplete applications will not be accepted and will be returned.

Prescribed fees (Please complete credit card details below or make a cheque payable to the Commissioner for Consumer Protection)	
Australian Police check for <b>each</b> relevant person (not more than three months old) Approved police check providers are listed at <a href="http://www.commerce.wa.gov.au/cp/policechecks">http://www.commerce.wa.gov.au/cp/policechecks</a>	
Copy of the certificate of insurance	
Two references for each relevant person who is not currently licensed under the Act (see Appendix 1 pro forma)	

**An incomplete or inaccurate application cannot be assessed. If you need help completing this form please contact the Licensing Advice Line on 1300 304 064.**

## APPLICATION FEE

The total fee payable includes a triennial certificate/licence fee and a contribution to the fidelity guarantee fund.

A list of current fees is available on our website at [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).

Cheques should be made payable to the Commissioner for Consumer Protection. For payment by credit card, please complete the following:

## CREDIT CARD PAYMENT DETAILS

Card Type    Visa        Mastercard        (Only Visa and Mastercard accepted)

Card Number   

Card Holder     Please print

Expiry Date      /      *I authorise the Department to deduct the current prescribed fee\**

Signature / Authorisation        Date   

\*Fees are subject to change on 1 July of each year

OFFICE USE ONLY				
<b>Total Fee:</b>	\$	<b>Department Code</b>	SA <input type="checkbox"/> SB <input type="checkbox"/>	<b>Chart Description</b>
				<input type="checkbox"/> Application Fee <input type="checkbox"/> FRE Agents Fidelity Contribution; and <input type="checkbox"/> New app – Real Estate Agent Body Corporate

## General Information

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In this form reference to “**the Act**” means the *Settlement Agents Act 1981* and “**the Commissioner**” means the Commissioner for Consumer Protection.

“**Relevant persons**” means all the directors and all other persons concerned in the management or control of the body corporate and includes the person who is to be in *bona fide* control of the business. **All relevant persons must sign at section 7.**

**Your application cannot be assessed unless ALL sections are completed and ALL information is provided. It is essential that you DO NOT LEAVE ANY SECTION BLANK – Use ‘N/A’ or ‘Nil’ where appropriate. Incomplete applications will not be accepted and will be returned.**

The list of current fees is available at [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).

Do note only the fidelity fund fee is refundable if this application is withdrawn or not successful.

### Email

The Department will utilise your nominated email address/es for communication purposes, please ensure that the email address/es provided in your application are correct, and that you notify the Department of any future changes.

## 1. Licence category

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Which settlement agent’s licence(s) are you applying for?

Real Estate Settlement Agent

Business Settlement Agent

## 2. Details of applicant

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Name of body corporate  
(company):

ACN/ARBN:

Business Name under which the body  
corporate intends to trade: (if applicable)

NOTE: Every applicant who intends to carry business under a business name must have that business name registered under *Business Names Registration Act 2011* with the Australian Securities and Investments Commission. For information about business names registration requirements visit [www.asic.gov.au](http://www.asic.gov.au).

Email address:

Business Phone Number:

Business Mobile Number:

### 3. Company Directors

Please note that where there are up to three (3) directors, at least one of them must be a licensed real estate settlement agent and/or business settlement agent. For a company with four (4) or more directors, at least two (2) of them must be licensed real estate settlement agents and/or business settlement agents.

Please include in the space below details of all directors of the body corporate. Please indicate by placing a  next to the name of those directors holding a real estate settlement agent and/or business settlement agent licence. Additionally, place an asterisk (\*) next to the name of the licensed director who is to be the person in bona fide control (if applicable).

Full Legal Name	Home address	Date of Birth	Email address	* <input checked="" type="checkbox"/>

If there is insufficient space, please attach a page giving full details as above.

### 4. Fitness and character of applicant and relevant persons

**National Police Check:** To enable the Commissioner to consider whether the applicant and all directors and persons are of good character and repute, and fit and proper persons to hold a licence, please attach to this application **an original or duly certified copy (signed by an authorised witness) of an Australian police check** for each relevant person of the body corporate. Certificates must be **no more than three months old** at the time they are lodged with the Department. Please note that *State Records Act 2000* requirements mean we cannot return the original document. However, a certified copy can be made available upon request.

Please see [www.commerce.wa.gov.au/cp/policechecks](http://www.commerce.wa.gov.au/cp/policechecks) for a list of accepted Australian police check providers.

**References:** Each relevant person who does not hold a current triennial certificate under the Act must also provide two business references. The references must be in the pro forma (see Appendix 1).

Has/is the <b>applicant</b> , or any relevant person of the applicant:	Yes or No
(a) been convicted, or found guilty of <b>any</b> offences, including convictions which resulted in a suspended sentence? <i>(Include all offences which went to Court, including traffic offences. Do not include spent convictions.)</i>	
(b) aware of <b>any</b> legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review?	
(c) been the subject of <b>any</b> adverse finding by a Government Board, Tribunal or Agency, e.g. the Corruption and Crime Commission?	
(d) had <b>any</b> occupational licence or application refused, cancelled or suspended?	
(e) been disqualified from holding <b>any</b> occupational licence?	
(f) been subject to <b>any</b> disciplinary action by a licensing authority?	
(g) had <b>any</b> investigations or legal proceedings commenced against you or an associated entity, which may result in action being taken in relation to an occupational licence currently held?	
(h) in liquidation, under official management or an undischarged bankrupt?	
(i) having affairs administered under <b>any</b> bankruptcy laws?	
(j) a director of a corporation, which has been subject to <b>any</b> form of insolvency administration?	

If the answer to any of the above items was 'Yes', full details must be provided on a separate attached sheet of paper.

## 5. Business and Address Details

### Person in *bona fide* Control

Please state the name of the employee that will be in *bona fide* control of the business if one of the licensed directors (specified at section 3) is not undertaking that role.

Person in *bona fide* Control:  Triennial certificate No: SA/SB

Principal Place of Business:

Postal Address:

Address for the service of notices: (Cannot be a PO Box)  
See section 37 of the Act

Branch Address (if applicable):  
See section 38 of the Act

Name of Branch Manager:

Triennial Certificate No of Branch Manager:  SA/SB

*Attach additional sheet if necessary*

## 6. Financial Information

The Commissioner cannot grant a licence unless satisfied that the applicant has sufficient material and financial resources available to comply with the requirements of the Act. To facilitate this, please provide the Company's assets and liabilities below.

### Confidential Statement of Assets and Liabilities

(Please provide figures for the body corporate, not individual directors)

<b>Assets</b>	<b>\$</b>
<b>Liabilities</b>	<b>\$</b>
<b>Net Worth</b>	<b>\$</b>

*To assist in determining whether you have sufficient material and financial resources a credit history check will be obtained as part of the application process.*

In addition to completing the above, please answer the following question:

	Yes	No
Do you believe that the body corporate has sufficient financial resources to enable it to carry on business as an agent and to comply with the requirements of the Act?		

### Professional Indemnity Insurance

In accordance with section 35 of the Act each triennial certificate holder must enter into a professional indemnity policy under the Commissioner's Master Policy Agreement. Please provide a **copy of the certificate of insurance**.

For information about obtaining insurance under the Master Policy Agreement, contact Jardine Lloyd Thompson on (08) 9426 0444 or visit [www.jlta.com.au](http://www.jlta.com.au).

## 7. Authorisation and Declaration - this section must be completed by ALL relevant persons

In order to assist with the determination of this application, I authorise the Commissioner, or persons so directed, to obtain on my behalf any document, record, file or information that may be necessary and relevant to consider my character and repute, and my fitness to be concerned as a director of, or in the management and control of, an agent's business. This includes but is not limited to records relating to my criminal history or current/previous occupational licences or other relevant information.

I confirm that I understand fully the duties and obligations imposed on the body corporate under the Act, Regulations, and associated Code of Conduct.

I understand that providing false or misleading information to the Commissioner or Chief Executive Officer is an offence under section 111A of the Act.

Name of Person	Signature	Date

*Attach additional sheet if required*

***As of January 2019 the Department will send courtesy reminders to renew licences via SMS and email only. Please ensure your contact details are kept up to date or you may not receive renewal reminders.***

Your completed application may be lodged:

**By post addressed to:**

**Licensing Services**  
Department of Mines, Industry  
Regulation and Safety  
Locked Bag 100,  
EAST PERTH WA 6892

**In person at:**

**Customer Service**  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON  
Hours: 8:30am to 4:30pm  
Monday to Friday

**In person (drop off only) at:**

Department of Mines, Industry  
Regulation and Safety  
Level 2, Gordon Stephenson House  
140 William Street, PERTH  
Hours: 8:30am to 4:30pm  
Monday to Friday

Licensing Advice Line 1300 304 064  
Overseas Callers +61 8 6251 2931  
General enquiries: [1300 304 054](tel:1300304054)

Email enquiries [cplicensing@dmirs.wa.gov.au](mailto:cplicensing@dmirs.wa.gov.au)  
Web Site [www.commerce.wa.gov.au/CP/licences](http://www.commerce.wa.gov.au/CP/licences)



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

## SETTLEMENT AGENT BUSINESS REFERENCE TEMPLATE

- References from relatives, subordinates, business partners or co directors will not be accepted.
- At least one reference must be from a person external to your current place of employment.
- **References should be as detailed as possible but include only information that is relevant to the individual’s suitability to be a director, or person concerned in the management or conduct, of a real estate settlement and/or business settlement agent’s business. Any additional relevant information should be attached.**
- Where the Commissioner is unable to determine the individual’s suitability to be concerned with the management or conduct of a real estate settlement and/or business settlement agent’s licence due to insufficient information, the reference will not be accepted.

The information provided will assist the Commissioner for Consumer Protection in determining whether an individual is of good character and repute, and a fit and proper person to be concerned in the management or conduct of a settlement agent’s business, pursuant to section 29 of the *Settlement Agents Act 1981* (“the Act”).

**Individual for whom reference provided:** \_\_\_\_\_

**Relevant Firm/Body Corporate:** \_\_\_\_\_

### Questions

1. How long have you known the individual? .....
2. Are you related to the individual in any way?.....
3. What is the capacity and extent of your business relationship (and social relationship, if any) with the individual? .....  
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4. To the best of your knowledge, what experience does the individual bring to make them a suitable person to be a director, or a person involved with the management or conduct of a settlement agency’s business? .....  
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- I consider the individual to be a person of good character and repute and persons fit to be concerned as a director of, or with the management or control of, a settlement agent's business.
- I believe that the individual reasonably understands the duties and obligations imposed on them by the Act.
- I am not aware of any reason why the individual would not be eligible to be, or should not be concerned as a director of, or involved with the management or control of, a settlement agent's business.
- I am not aware of any reason why the applicant may not have sufficient material and financial resources available to comply with the requirements of the Act.

I declare that the particulars and answers given in respect of this reference in support of this support application are, to the best of my knowledge and belief, true and correct and the attachments hereto are what they purport to be.

Further, I understand that providing a false or misleading statement in an application is an offence under section 111A of the Act.

**Referee's full name:**

**Referee's job title and place of employment:**

**Referee's contact number:**

**Signature of referee:**  **Date:**



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

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