



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

Application for a Real Estate Settlement Agents Licence and/or Business Settlement Agents Licence - (Firm /Partnership)

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 each relevant person (not more than three months old) Approved police check providers are listed at http://www.commerce.wa.gov.au/cp/policechecks	
Copy of the certificate of insurance	
Two references for each partner (or director of a corporate partner) who is not currently licensed under the Act (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. Only the fidelity guarantee fund contribution is refundable if this application is unsuccessful.

A list of current fees is available on our website at 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					
Total Fee:	\$	Department Code	SA <input type="checkbox"/>	Chart Description	<input type="checkbox"/> Application Fee <input type="checkbox"/> FRE Agents Fidelity Contribution; and <input type="checkbox"/> New app – Real Estate Agent Body Corporate
			SB <input type="checkbox"/>		

General Information

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 each person comprising the partnership and where a partner is a company, all directors and any other natural persons involved in the management or conduct of that company. This includes the person who is to be in *bona fide* control of the business. **Each relevant person must sign at section 8.**

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

This application **must** also be accompanied by the prescribed fee and those additional items outlined in the form. Do note only the fidelity fund fee is refundable if this application is withdrawn or not successful.

The list of current fees is available at www.commerce.wa.gov.au/CP/licensingfees.

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

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

- Real Estate Settlement Agent
- Business Settlement Agent

2. Details of applicant

Name of firm:

Include names of each partner

ABN: (if applicable)

Business Name under which the firm 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 Investment Commission. For information about business names registration requirements visit www.asic.gov.au.

Email address:

Business/ Mobile Number:

3. Members of the Firm (Partnership)

Please note that where there are up to three (3) partners, at least one of them must be a licensed real estate settlement agent and/or business settlement agent. For a firm with four (4) or more partners, 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 members of the firm. Please indicate by placing a next to the name of those members holding a real estate settlement agent and/or business settlement agent licence. Additionally, place an asterisk (*) next to the name of the licensed member who is to be the person in bona fide control (if applicable).

Name of Partner	Address	Date of Birth /Registration	Email address	* <input checked="" type="checkbox"/>

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

4. Company Directors

Please include in the space below details of all directors of any body corporate listed as a partner.

Company Name	Directors	Home address	Date of Birth	Email address

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

5. Fitness and character of applicant and relevant persons

National Police Check: To enable the Commissioner to consider whether the partners and all directors (if a partner is a body corporate) and relevant 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 partner and relevant person of the firm. 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 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 applicant or any relevant person of the applicant:	Yes or No
(a) been convicted, or found guilty of any 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 any legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review?	
(c) been the subject of any adverse finding by a Government Board, Tribunal or Agency, e.g. the Corruption and Crime Commission?	
(d) had any occupational licence or application refused, cancelled or suspended?	
(e) been disqualified from holding any occupational licence?	
(f) been subject to any disciplinary action by a licensing authority?	
(g) had any 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 any bankruptcy laws?	
(j) a director of a corporation, which has been subject to any 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.

6. Business and Address Details

Person in Bona Fide Control

Please state the name of the person 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:

(If different from above)

Address for 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

7. Financial Information

The Commissioner cannot grant a licence and triennial certificate unless satisfied that the applicant has sufficient material and financial resources available to comply with the requirements of the Act. To facilitate this, credit history checks will be obtained as part of the application process. Each partner must also provide their/its assets and liabilities below.

Name of Partner:

Confidential Statement of Assets and Liabilities

Assets	\$
Liabilities	\$
Net Worth	\$

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

Yes	No

Do you believe that you have sufficient financial resources to enable you to carry on the business as an agent and to comply with the requirements of the Act?

Name of Partner:

Confidential Statement of Assets and Liabilities

Assets	\$
Liabilities	\$
Net Worth	\$

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

Yes	No

Do you believe that you have sufficient financial resources to enable you to carry on the business as an agent and to comply with the requirements of the Act?

Name of Partner:

Confidential Statement of Assets and Liabilities

Assets	\$
Liabilities	\$
Net Worth	\$

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

Yes	No

Do you believe that you have sufficient financial resources to enable you to carry on the business as an agent and to comply with the requirements of the Act?

Attach additional sheet if necessary

Fidelity and 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.

8. 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 firm 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 future courtesy 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
Web Site www.commerce.wa.gov.au/CP/licences



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Department of **Mines, Industry Regulation and Safety**
Consumer Protection

**SETTLEMENT AGENT
BUSINESS REFERENCE TEMPLATE**

- References from relatives (partners), subordinates, business partners or co-directors will not be accepted.
- At least one reference must be from a person external to the individual's 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 partner, or a person concerned in the management or conduct, in a settlement agent's business. Any additional relevant information should be attached.**
- Where Consumer Protection is unable to determine the individual's suitability to be concerned with the management or conduct of a 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 with the management or conduct of a settlement agent's business, pursuant to section 28 of the *Settlement Agents Act 1981* ("the Act").

Individual for whom reference provided: _____

Relevant Partnership (applicant) _____

If the individual is a Director of a corporate partner,

Name of company _____

Questions (to be completed by the referee)

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 partner, or a person involved with the management or conduct of a settlement agency's business?

- 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 false or misleading information to the Commissioner or Chief Executive Officer 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:**



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SETTLEMENT AGENT BUSINESS REFERENCE TEMPLATE

- References from relatives (partners), subordinates, business partners or co-directors will not be accepted.
- At least one reference must be from a person external to the individual's 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 partner, or a person concerned in the management or conduct, in a settlement agent's business. Any additional relevant information should be attached.**
- Where Consumer Protection is unable to determine the individual's suitability to be concerned with the management or conduct of a 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 with the management or conduct of a settlement agent's business, pursuant to section 28 of the *Settlement Agents Act 1981* ("the Act").

Individual for whom reference provided: _____

Relevant Partnership (applicant) _____

If the individual is a Director of a corporate partner,

Name of company _____

Questions (to be completed by the referee)

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 partner, 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 false or misleading information to the Commissioner or Chief Executive Officer 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:**