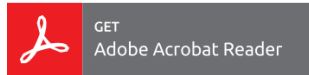




Renewal Application

Real Estate / Business Settlement Agent's Triennial Certificate (Firm/Partnership)

USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the FREE Adobe Acrobat Reader application. [Click here to download Acrobat Reader.](#) Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Application Checklist

Your application can only be processed if **ALL** of the relevant information and supporting documentation is provided. Use this checklist to ensure that you complete all parts of your application and have all necessary supporting documents ready to attach. Please check that:

- all sections of this form are complete;
- the Australian police check/s for each relevant person is/are ready to attach;
- a current copy of your Professional Indemnity and Fidelity Insurance Coverage from the Professional Indemnity and Fidelity Master Policy is ready to attach; and
- payment of the prescribed fee is ready to be made.

Application fee

Please refer to our website for the [current prescribed fees](#).

The total fee payable includes a triennial certificate/licence fee and a contribution to the fidelity guarantee fund. It is exempt from GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made payable to the Commissioner for Consumer Protection.

Lodgement options

In person

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

By post

Licensing Services
Department of Local Government, Industry
Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE WA 6850

Enquiries

Licensing Advice Line: 1300 304 064
Licensing Email: cplicensing@lgirs.wa.gov.au
Overseas Callers: +61 8 6251 2969
General Enquiries: 1300 304 054

CPD Enquiries: cpd@lgirs.wa.gov.au.
Web Site: www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration

Credit card payment details

Card Type Visa Mastercard (only Mastercard and Visa accepted)

Card Number

Cardholder Name Expiry Date

Cardholder Signature: Date Contact Number

I authorise the Department to deduct the current prescribed fee*

OFFICE USE ONLY

Licence No		Department Code	SA <input type="checkbox"/> SB <input type="checkbox"/>	Chart Description	<input type="checkbox"/> Application Fee <input type="checkbox"/> FRE Agents Fidelity Contribution
Total Fee	\$	Link to Licence	Yes	Chart Key	<input checked="" type="checkbox"/> P

Renewal Application: Real Estate / Business Settlement Agent's Triennial Certificate (Firm/Partnership)

General Information

In this form, 'the Act' means the *Settlement Agents Act 1981* and subsidiary legislation. The term '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 control of that company. It also includes the person in *bona fide* control of the business.

Licence holder details

Licence number:	<input type="text" value="SA/SB"/>
Name of firm/partnership:	<input type="text"/>
Business email address:	<input type="text"/>
Business contact number: (mobile number preferred)	<input type="text"/>

We use email/SMS for contact purposes and to send courtesy renewal reminders, so it is important that you notify the Commissioner should your electronic contact details change.

Business details

Business/Trading name:	<input type="text"/>
Name of person in <i>bona fide</i> control:	<input type="text"/>

Principal place of business

Street address: <input type="text"/>		
Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>

Postal address (if different to above)

Street address: <input type="text"/>		
Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>

Address for the purpose of the Register

This address will be publicly available and cannot be a PO Box

Street address: <input type="text"/>		
Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>

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Branch office information

Do you operate from premises other than your Principal Place of Business? YES NO
If 'Yes', please provide the details below:

Branch office address	Name and licence number of Branch Manager
	SA
	SA
	SA

Character and Fitness of applicant and relevant persons

Each relevant person must provide an Australian police check in their full legal name which is less than three (3) months old. Information about our [current police check requirements](#) can be found on our website.

Please answer either 'Yes' or 'No' to the following questions. If the answer to any of the questions is 'Yes', you may be contacted to provide additional information as part of the application process.

Since your last application, has/is the **applicant** or any **relevant person** of the applicant:

1. been convicted or found guilty of **any** offences, including convictions which resulted in a suspended sentence? Yes No

Include all offences which went to Court, including traffic offences. Do not include spent convictions.

2. aware of **any** legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review? Yes No

3. been the subject of **any** adverse findings by a Government Board, Tribunal or Agency (e.g. the Corruption and Crime Commission)? Yes No

4. had **any** occupational licence or application refused, cancelled or suspended? Yes No

5. been disqualified from holding **any** occupational licence? Yes No

6. been subject to **any** disciplinary action by a licensing authority? Yes No

7. 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? Yes No

8. in liquidation, under official management or an undischarged bankrupt? Yes No

9. having affairs administered under **any** bankruptcy laws? Yes No

10. a director of a corporation which has been subject to **any** form of insolvency administration? Yes No

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Financial information

The Commissioner cannot renew a triennial certificate unless satisfied that the firm/partnership has sufficient material and financial resources available to comply with the requirements of the Act. To assist with this assessment, a credit report for each partner will be obtained as part of the application process. **Each partner** must also answer/complete the following:

Name of Partner 1:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A confidential Statement of Assets and Liabilities	Assets	\$	
	Liabilities	\$	
	Net Worth	\$	

Name of Partner 2:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A confidential Statement of Assets and Liabilities	Assets	\$	
	Liabilities	\$	
	Net Worth	\$	

Name of Partner 3:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A confidential Statement of Assets and Liabilities	Assets	\$	
	Liabilities	\$	
	Net Worth	\$	

Name of Partner 4:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A confidential Statement of Assets and Liabilities	Assets	\$	
	Liabilities	\$	
	Net Worth	\$	

Name of Partner 5:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A confidential Statement of Assets and Liabilities	Assets	\$	
	Liabilities	\$	
	Net Worth	\$	

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Late Renewal Applications – submitted after triennial certificate expires

If your renewal application is submitted after the expiry of your triennial certificate but within 60 days, the following conditions apply:

A) Applications lodged within one month of expiry:

If your application is approved, the renewed certificate will be valid for three (3) years from the day after the certificate expired.

B) Applications lodged more than one month but within 60 days of expiry:

If your application is approved, the Commissioner may determine the new three (3) year period to commence either:

- from the date the renewal is granted; or
- from the day after the certificate expired, provided you demonstrate reasonable cause in the space below.

C) Applications lodged more than 60 days after expiry:

These will only be accepted if the licence was placed on hold within 60 days of expiry. If not, the licence is considered ceased and cannot be renewed.

Late Renewal Applications – following surrender and licence on hold

If you previously surrendered your triennial certificate and placed your licence on hold, the following applies when seeking renewal:

D) Applications lodged within one month of surrender:

If your application is approved, the renewed certificate will be valid for three (3) years from the day after the certificate was surrendered.

E) Applications lodged more than one month but within 12 months of surrender:

If your application is approved, the Commissioner may determine the new three (3) year period to commence either:

- from the date the renewal is granted; or
- from the day after the certificate was surrendered, provided you demonstrate reasonable cause in the space below.

F) Applications lodged more than 12 months after surrender:

If your application is approved, the renewed certificate will be valid for three (3) years from the date the renewal is granted.

Provide reason/s as per B) and E) above (attach additional pages if required):

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Professional Indemnity Insurance (PII)

In accordance with section 35 of the Act, each triennial certificate holder that is trading in their own right, or acting as the person in *bona fide* control or branch manager of a licensed settlement agency, must at all times be insured and hold a current certificate of insurance under the Commissioner's Master Policy Agreement. For information about obtaining insurance under the Master Policy Agreement, email Marsh Insurance Brokers at kylie.zoghbi@marsh.com.

You **must** attach a copy of the current certificate of insurance for the body corporate. Ensure the certificate of insurance also includes the names of the person in *bona fide* control and any branch managers as the "Insured", along with the name of the body corporate.

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 I understand fully the duties and obligations imposed on myself 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.

Full name of Partner/Person in <i>bona fide</i> control	Signature	Date

Attach additional pages if required