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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).

Your application can only be processed if ALL of the relevant information and supporting documentation is provided. Use

#### Checklist

| s checklist to ensure that you complete all parts of your application and have all necessary supporting documents ready attach. Please check that: |  |
|--|--|
| all sections of this form are complete;  |  |
| the two business references for each relevant person have been completed using the pro forma available on the website, and are ready to attach;    |  |
| the Australian police check/s for each relevant person from an approved provider is/are ready to attach;   |  |
| a copy of the Certificate of Insurance is ready to attach;   |  |
| payment of the prescribed fee is ready to be made.   |  |

#### **Duration of licence**

If granted, your Real Estate Settlement Agents and/or Business Settlement Agents Triennial Certificate will be issued for a period of up to three (3) years.

#### Application fee

A fee is payable at the time of lodging the application. Please refer to our website at www.commerce.wa.gov.au/CP/ <u>licensingfees</u> for the current prescribed fees. The total fee payable includes a non-refundable triennial certificate/licence fee and a contribution to the fidelity guarantee account. All fees are exempt from the GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made payable to the Commissioner for Consumer Protection.

If you are submitting this form online, you will be able to make payment using the Department's secure payment gateway.

If you are submitting this form by post and are making payment by credit card, you must also complete the Application Payment Form available at www.commerce.wa.gov. au/publications/licensing-application-payment-form and attach it to your application.

#### Lodgement options

You may lodge your completed application **ONLINE** or:

#### 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 Mines, Industry Regulation and Safety Locked Bag 100 EAST PERTH WA 6892

#### **Enquiries**

Licensing Advice Line: 1300 304 064 Overseas Callers: +61 8 6251 2931 General Enquiries: 1300 304 054 Email: cplicensing@dmirs.wa.gov.au

Web Site: www.commerce.wa.gov.au/CP/licences

#### Office use only

| Total Fee (\$) | Department code | Chart description  |
|----------------|-----------------|--|
|                | ☐ SA<br>☐ SB    | <ul><li>☐ FRE Agents Fidelity Contribution; and</li><li>☐ New app – Settlement Agents Individual</li></ul> |

| 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 control of that company. This includes the person who is to be in bona fide control of the business. |
| Licence category  |
| Which settlement agent's licence(s) are you applying for?   |
| Real Estate Settlement Agent  |
| Business Settlement Agent   |
| Details of applicant  |
| Name of firm (Include names of each partner):   |
| Business Name under which the firm intends to trade: (if applicable)  |
| NOTE: Every applicant who intends to carry on business under a business name must have that business name registered under the <i>Business Names Registration Act 2011</i> with the Australian Securities and Investment Commission. For information about business names registration requirements visit <a href="https://www.asic.gov.au">www.asic.gov.au</a> .   |
| Contact details   |
| Phone (work): Email:*   |
|   |
| We use email and 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.  |

#### 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 selecting next to the name of those members holding a real estate settlement agent and/or business settlement agent licence.

| Name of partner | Address | Date of Birth<br>/Registration | Email address |  |
|-----------------|---------|--------------------------------|---------------|--|
|                 |         | / /                            |               |  |
|                 |         | / /                            |               |  |
|                 |         | / /                            |               |  |
|                 |         | / /                            |               |  |
|                 |         | / /                            |               |  |

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

#### **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 |
|--------------|-----------|--------------|---------------|-------|
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |
|              |           |              | / /           |       |

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

#### **Business references**

Each relevant person (partner and/or director, including the nominated person in bona fide control) must provide two business references using the pro forma titled "Settlement Agent Business Reference Template for Directors or Partners" which is available on our website at: <a href="https://www.commerce.wa.gov.au/publications/settlement-agent-licence-application-forms">www.commerce.wa.gov.au/publications/settlement-agent-licence-application-forms</a>.

#### Character and fitness of applicant and relevant persons

You must provide an Australian police check in your full legal name that is less than three (3) months old. Further information about accepted police checks is available on our website: <a href="www.commerce.wa.gov.au/CP/policechecks">www.commerce.wa.gov.au/CP/policechecks</a>. 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.

Please answer either 'Yes' or 'No' to each of 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.

| Has | s/is the applicant or any relevant person of the applicant:   |       |      |
|-----|---|-------|------|
| 1.  | been convicted, or found guilty of <b>any</b> 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 <b>any</b> legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review?   | ☐ Yes | ☐ No |
| 3.  | been the subject of <b>any</b> adverse finding 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 <b>any</b> occupational licence?   | Yes   | ☐ No |
| 6.  | been subject to <b>any</b> disciplinary action by a licensing authority?  | ☐ Yes | ☐ No |
| 7.  | 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? | Yes   | □ No |
| 8.  | In liquidation, under official management or an undischarged bankrupt?  | Yes   | ☐ No |
| 9.  | having affairs administered under <b>any</b> bankruptcy laws?   | Yes   | ☐ No |
| 10. | a director of a corporation, which has been subject to <b>any</b> form of insolvency administration?  | ☐ Yes | ☐ No |

| Business and            | address details  |                                 |                      |                                  |
|-------------------------|--|---------------------------------|----------------------|----------------------------------|
| Please state t          | na Fide Control<br>he name of the person that will b<br>s not undertaking that role. | e in bona fide control of the b | usiness if one of th | ne licensed directors (specified |
| Person in bon           | a fide control:  | Triennial Certifi               | cate No:             |                                  |
|                         |  | SA/SB                           |                      |                                  |
| Principal Plac          | e of Business:   |                                 |                      |                                  |
| Street address          |  |                                 |                      |                                  |
|                         |  |                                 |                      |                                  |
| Suburb:                 |  | State:                          |                      | Postcode:                        |
|                         |  |                                 |                      |                                  |
| Postal Addres  As above | Street address or PO Box:  |                                 |                      |                                  |
|                         | Suburb:  |                                 | State:               | Postcode:                        |
|                         |  |                                 |                      |                                  |
| Address for s  As above | ervice of notices: (Cannot be a PO Bo<br>Street address:                             | ox) See section 37 of the Act   |                      |                                  |
|                         | Suburb:  |                                 | State:               | Postcode:                        |
|                         |  |                                 |                      |                                  |
| Branch Addre  As above  | ss (if applicable): See section 38 of the  | he Act                          |                      |                                  |
| As above                | Street address:  |                                 |                      |                                  |
|                         | Suburb:  |                                 | State:               | Postcode:                        |
|                         |  |                                 |                      |                                  |
| Name of Bran            | ch Manager:  | Triennial Cer<br>SA/SB          | tificate No of Bran  | ch Manager:                      |

| Financial information  |                      |                                     |                    |
|--|----------------------|-------------------------------------|--------------------|
| The Commissioner cannot grant a licence and triennial and financial resources available to comply with the re obtained as part of the application process. Each partr  | quirements of the Ac | ct. To facilitate this, credit hist | ory checks will be |
| Name of partner:   |                      |                                     |                    |
|  |                      |                                     |                    |
| The Commissioner cannot grant a licence and trienn and financial resources available to comply with the obtained as part of the application process. Each pa Name of partner:  Confidential Statement of Assets and Liabilities 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 Do you believe that you have sufficient financial reso an agent and to comply with the requirements of the Name of partner:  Confidential Statement of Assets and Liabilities 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 Do you believe that you have sufficient financial reso an agent and to comply with the requirements of the | Assets               | \$                                  |                    |
| financial resources a credit history check will be obtained as part  | Liabilities          | \$                                  |                    |
| of the application process.  | Net Worth            | \$                                  |                    |
| In addition to completing the above, please answer the<br>Do you believe that you have sufficient financial resour-<br>an agent and to comply with the requirements of the A   | ces to enable you to |                                     | Yes No             |
| Name of partner:   |                      |                                     |                    |
| Confidential Statement of Access and Lightlities   |                      |                                     |                    |
|  | Assets               | \$                                  |                    |
| financial resources a credit history check will be obtained as part  | Liabilities          | \$                                  |                    |
|  | Net Worth            | \$                                  |                    |
| In addition to completing the above, please answer the<br>Do you believe that you have sufficient financial resource<br>an agent and to comply with the requirements of the Ac   | ces to enable you to |                                     | ☐ Yes ☐ No         |
| Name of partner:   |                      |                                     |                    |
| Confidential Statement of Assets and Liabilities   | Assets               | \$                                  |                    |
| To assist in determining whether you have sufficient material and financial resources a credit history check will be obtained as part  | Liabilities          | \$                                  |                    |
| of the application process.  | Net Worth            | \$                                  |                    |
|  | Net Worth            | ٩                                   |                    |
| In addition to completing the above, please answer the   | e following question | :                                   |                    |
| Do you believe that you have sufficient financial resour<br>an agent and to comply with the requirements of the A  | •                    | carry on the business as            | Yes No             |
| Attach additional sheet if necessary   |                      |                                     |                    |

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

#### Fidelity and professional indemnity insurance

In accordance with section 35 of the Act, each triennial certificate holder that will be 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 or delene.kemp@marsh.com.

You **must** attach a copy of the current certificate of insurance for the firm/partnership. 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 firm/partnership.

#### 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 |
|----------------|-----------|------|
|                |           | 1 1  |
|                |           | / /  |
|                |           | / /  |
|                |           | / /  |

Attach additional sheet if required