LICENCE NUMBER

REAL ESTATE & SETTLEMENT AGENTS CHANGE OF DETAILS NOTIFICATION

Title:	Name:							
Previous	Previous name:							
(please return licence/triennial certificate for amendment, with certified copy of relevant document for "name change") Residential address:								Personal details
Previous address (if notifying change of address):								
Postal address:								
Work		Mobile	F		Home	Home		S
Fax		Email address	;		,			1
If you are not trading, are you working in the real estate industry?								
If yes: What agency do you work for?								
What is your role there?								
Business								-
Company	name (if any):							
ACN (or ABN): Licence number				number (com	pany or parti	nership):]
Business	name:							Bus
	usiness name please retui		e for amendme	ent, with copy of b	usiness nam	ne registration)	
Previous Date of comm	business name (if encing to trade under new	any): business name:						
Business address:								ines
Postal address:								Business details
Trust acc	ount (1) name (title	e):						- tails
Bank + branch			BSB + account number					\dashv \mid
Trust acc	ount (2) name (title	e):						
Bank + branch BSB + account number						-		
Change of directors: please advise the Department in writing accompanied by a current police clearance certificate for the new director(s) and a current ASIC (full) company search							r the new	1
Branch o	ffices (if applicable	e)						.
Postal ad	dress:							
Phone	Fax			Email				Brar
Branch manager:			L	icence n	umber:		nch (
Business address:								Branch offices
Postal address:								. Se
Phone Fax Email							1	
Branch m	anch manager: Licence nur				umber:		1	

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LICENCE	NUMBER

REAL ESTATE & SETTLEMENT AGENTS CHANGE OF DETAILS NOTIFICATION

Update of Licensed / Registered staff								
STAFF NO LONGER E Surname	MPLOYED First name	Role: i.e. SR, PM, O	Lic/Reg No.	Date ceased				
Surrame	riist name	Role: i.e. SR, PM, O	Lic/Reg No.	Date ceased				
					(0			
					Staf			
					f c			
NEW STAFF MEMBER	S.				Staff changes			
Surname	First name	Role: i.e. SR, PM, O	Lic/Reg No.	Date employed	ge			
					o,			
Note: change of address / nar	me by licensed/registered e	mployees should be pr	ovided on a separa	te sheet.				
I, (print name)			being the lice	ensed person in	bona			
fide control of (agence	cy)		declare	that this informa	ation			
statement provided to the	ne Commissioner for C	Consumer Protection	on is true and a	ccurate.				
Signed: Date:								