

NOTIFICATION OF INACTIVE OR CLOSED TRUST ACCOUNT

Regulation 24 Real Estate Agents (Audit) Regulations 2009

The completed form is to be returned to:

Email: licensing@rea.govt.nz

OR

Post: The Registrar, Real Estate Agents Authority, P.O. Box 25371, Featherston Street, Wellington 6146.

For help in completing this form, call 0800 for REA (0800 367 7322) or visit www.rea.govt.nz

<p>1. TYPE OF LICENCE HELD (tick box)</p> <p><input type="checkbox"/> Individual agent <input type="checkbox"/> Partnership <input type="checkbox"/> Company</p>
<p>2. LICENCE DETAILS</p> <p>Licence number:</p> <p>Company name (if applicable):</p> <p>Trading name of business:</p> <p>Name of franchise group or marketing group (if any):</p>
<p>3. POSTAL ADDRESS</p> <p>Street:</p> <p>Suburb:</p> <p>City: Post Code _ _ _ _</p>
<p>4. CONTACT PERSON</p> <p>Name:</p> <p>Telephone number(s):</p> <p>Email address:</p>
<p>5. INACTIVE or Closed Trust Accounts</p> <p>The trust account(s) listed below is inactive/closed (delete one) because:</p> <p><input type="checkbox"/> a new trust account has been opened</p> <p><input type="checkbox"/> the holder is now using a New Zealand Real Estate Trust Account</p> <p><input type="checkbox"/> the holder of individual licence, now employed by another agency</p>

- the holder of an individual licence, now officer of a company that is agent
- the holder of an individual licence, now member of a partnership that operates a partnership trust account
- an agency no longer actively engaged in carrying on the business of an agent

Name of Trust Account	Bank Account Number															
	Bank		Branch				Account						Suffix			

6. NAME AND POSTAL ADDRESS OF AUDITOR

Name:

Street:

Suburb:

City: Post Code _ _ _ _

7. CONFIRMATION

I confirm that

- the auditor has been provided with all unaudited trust account records, including unused trust receipt forms and cheques
- appropriate steps have been taken to ensure no further trust account receipts are generated (delete if not applicable)
- the final audit report will be sent to the Real Estate Agents Authority within 10 days of it's completion in accordance with section 25 of the Real Estate Agents (Audit) Regulation 2009

Signature:

Name (print name):

Date _ _ / _ _ / _ _ _ _

Position (e.g. Director):