

Application for approval as an auditor

Property Agents and Motor Dealers Act 2000

This form is effective from 1 July 2009

ABN: 97 406 359 732

Department of **Employment, Economic
Development and Innovation (DEEDI)**

OFFICE USE ONLY

Date received

Lodgement details

LU:

No fee is payable.

This form is used by an unqualified auditor to seek the approval of the chief executive to audit the trust account of a *Property Agents and Motor Dealers Act* licensee who is unable to appoint a qualified auditor.

DO NOT COMPLETE THIS FORM IF THE INTENDED AUDITOR IS A QUALIFIED AUDITOR. A QUALIFIED AUDITOR IS:

1. A person registered as an auditor under the *Corporations Act 2001*;
2. A member of CPA Australia who is entitled to use the letters 'CPA' or 'FCPA';
3. The Institute of Chartered Accountants in Australia who is entitled to use the letters 'CA' or 'FCA';
4. A member of the National Institute of Accountants who is entitled to use the letters 'MNIA', 'FNIA', 'PNA' or 'FPNA', who has satisfactorily completed an auditing component of a course of study in accountancy of at least three years duration at a tertiary level conducted by a prescribed university or other prescribed institution under Section 128o (2) (a) (ii) of the *Corporations Act 2001*.

Auditors with these qualifications are already approved under section 391 of the *Property Agents and Motor Dealers Act 2000*, to carry out the audit.

Instructions

Please complete in BLOCK letters. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY.

Privacy Statement—please read

The Office of Fair Trading is collecting information, including personal information, on this form for the purposes of the *Property Agents and Motor Dealers Act 2000* and *Property Agents and Motor Dealers Regulation 2001*. In accordance with this legislation, a register of this information and any documents required by the Office of Fair Trading is available for inspection by the public upon payment of a prescribed fee. Where authorised or required by law, information on this form can be disclosed to third parties without your consent.

Part 1—Applicant details (to be completed by the proposed auditor)

<p>Section 1 Applicant name and business address</p>	<p>Details of person applying to be an approved auditor.</p> <p>Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify)</p> <p>First name Last name</p> <p>Business name (if applicable)</p> <p>Building name (if applicable)</p> <p>Business address</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Section 2 Applicant residential address</p>	<p>Building name (if applicable)</p> <p>Residential address</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Section 3 Applicant contact details</p>	<p>Work phone () Work fax ()</p> <p>Home phone () Mobile</p> <p>Email address</p>

Part 2—Licensee Details (to be completed by licensee)

**Section 1
Licensee Details— Either
Individual or Corporation**

Licensee’s name

Licence number

**Section 2
Request by Licensee and
Trust Account details**

I, (Name of Licensee) request that
 (Name of proposed auditor)
 be approved by the chief executive to audit all the trust accounts, kept by me as a licensee under
 the Act, the details of which are listed below or attached separately.
 I am aware of Part 7 of the PAMD Regulation regarding accounts, funds and records to be kept by
 me as a licensee.

Licensee’s signature

Date signed / /

D D M M Y Y Y Y

**Please provide details below of the Trust account(s) you intend to have audited by the
 proposed auditor nominated above.**

Trust account name

Trust account number

Bank and branch held

**If more than one trust account, please provide these details on a separate sheet attached to this
 application.**

Part 3—Application Details (to be completed by applicant)

Section 1

The applicant is required to answer these questions. Have you:

Been affected by bankruptcy action? Yes No

Been convicted of an indictable offence involving dishonesty? Yes No

Been found guilty of professional misconduct or unprofessional conduct
 by CPA Australia, the Institute of Chartered Accountants in Australia or the
 National Institute of Accountants? Yes No

Please provide written details if any of the above questions are answered YES.

Do you hold current professional indemnity insurance in an amount not less than \$250,000.00?

No— NOTE: It is a requirement under the Act, for a person to be approved as an auditor, to
 have professional indemnity insurance of at least \$250,000.00.

Yes— Please attach documentation showing the amount and currency of the insurance
 policy. After completion, go to next question in this Section.

**Do you hold at least a diploma level tertiary qualification in accounting, which must include an
 auditing component?**

No— Go to next question.

Yes— Please attach a copy of your qualification. After completion go to Section 3.

Do you reside in a remote locality?

No— NOTE - It is a requirement under the Act, for a person who is not a qualified auditor, to
 either reside in a remote locality, or have at least a diploma level tertiary qualification
 in order to be approved as an auditor.

Yes— Go to next question.

Is there a qualified auditor available to service the needs of the remote locality?

No— Go to Section 2.

Yes— NOTE: An unqualified person cannot be approved as an auditor if there is a qualified
 auditor available in the remote locality.

<p>Section 2 Applicant to complete.</p>	<p>Please provide details of your experience in accounting and auditing and indicate the extent of your knowledge of the <i>Property Agents and Motor Dealers Act 2000</i>. If insufficient space please attach details on a separate page attached to this application.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>Section 3 Applicant checklist and declaration N/A = Not applicable</p>	<p>I have completed all parts of this form. <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>I have attached details of all trust accounts operated by the licensee. <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>I have attached a copy of the tertiary qualification required in Section 1. <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>I have attached documentation showing the amount and currency of my professional indemnity insurance. <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>I have provided details of my experience in accounting and auditing. <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>I have checked the answers I have given and state that they are true and correct in every detail. <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>NOTE: It is an offence to supply incorrect or misleading information.</p> <p>I agree to abide by the <i>Property Agents and Motor Dealers Act 2000</i> and, in particular, sections 400 to 407 regarding the audit of licensee's trust accounts.</p> <p>Signature</p> <p>Date signed <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small style="margin-left: 10px;">D D M M Y Y Y Y</small></p> <p>If any further details are required, an officer from the Office of Fair Trading will contact you direct.</p>		
<p>Lodgement</p>	<p>Please lodge the completed application, any supporting documentation and fees to the Office of Fair Trading at the address below, or call 13 13 04 for addresses or visit our website www.fairtrading.qld.gov.au.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>By mail: Office of Fair Trading GPO Box 3111 Brisbane QLD 4001.</p> </td> <td style="vertical-align: top; width: 50%;"> <p>In person: Office of Fair Trading Ground floor, Brisbane Magistrates Court 363 George Street Brisbane QLD 4000. The counter is open Monday to Friday, 8:30 am to 4:30 pm.</p> </td> </tr> </table>	<p>By mail: Office of Fair Trading GPO Box 3111 Brisbane QLD 4001.</p>	<p>In person: Office of Fair Trading Ground floor, Brisbane Magistrates Court 363 George Street Brisbane QLD 4000. The counter is open Monday to Friday, 8:30 am to 4:30 pm.</p>
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