

## Notice of intention to open a trust account

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

.....

No fee is payable.

### Instructions

Please use **BLOCK** letters when you fill out this form. Attach extra sheets if necessary. All dates should be DD/MM/YYYY.

- You should complete and forward this form to the Office of Fair Trading before opening a general or special trust account (PAMD Act Section 375(1)).
- You may lodge this form with the relevant completed PAMD Licence Application Form if you are not currently licensed (*PAMD Form 1-1, 1-2, 1-3 or 1-4*).
- If you intend to use a business name that is not registered with the Office of Fair Trading, you must complete a *Business Name Form 1—Application for Registration of a Business Name*.

All forms are available to download from [www.fairtrading.qld.gov.au](http://www.fairtrading.qld.gov.au) or by calling 13 13 04. Please note, a letter of acknowledgement for you to present to the financial institution will not be issued until the PAMD licence has been granted and any business name has been registered to the licensed entity applying to open a trust account.

### Privacy statement—please read

The Office of Fair Trading is collecting information, including personal information, on this form as required by the *Property Agents and Motor Dealers Act 2000*. In accordance with the Act, some personal information may be passed on to the Queensland Police Service to assist with criminal history searches and other information may be disclosed without your consent where authorised or required by law. Your name and postal address will be placed on a register that may be inspected by the public.

## Part 1—Licensee details

### Licensee details

A licensed entity can be either a corporation or individual holding a PAMD licence or a combination of either in partnership.

Particulars of licence holder (please provide name of each licensee):

- Licensed entity .....  
 .....  
 ..... Licence number: .....
- Additional licensed entity .....  
 .....  
 ..... Licence number: .....
- Additional licensed entity .....  
 .....  
 ..... Licence number: .....

### Business details

**DO NOT** list your 11 digit Australian Business Number (ABN) or nine digit Australian Company Number (ACN).

Trading name of business .....  
 .....  
 Business name number\*: BN   
 \* If your business name is not registered you need to complete and submit a *Business Name Form 1*.

### Postal address

Postal address .....  
 Suburb ..... State  Postcode

### Contact details

Phone ( ) ..... Fax ( ) .....  
 Mobile ..... Email .....

## Part 2—Trust account details

<p><b>Financial institution</b> Must be a branch of an approved financial institution operating in Queensland.</p>	<p>Proposed financial institution .....</p> <p>Postal 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>Branch code (BSB) .....</p>						
<p><b>Type of trust account</b></p>	<p>A special trust account may be opened if the term of the sales contract exceeds 60 days and there is direction from all parties that the deposit monies be invested.</p> <p>Account type (please check):</p> <p><input type="checkbox"/> General trust account. <input type="checkbox"/> Special trust account.</p>						
<p><b>Trust account title</b> The following must appear in the proposed title:</p> <ul style="list-style-type: none"> <li>• licensee's name;</li> <li>• registered business name; and</li> <li>• the words 'trust account' or 'special trust account'.</li> </ul>	<p>Proposed title of trust account .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(e.g. 'XYZ Realty Pty. Ltd. Trust Account' or 'XYZ Realty Pty. Ltd. Special Trust Account' or J Brown Trading as Black Stump Realty Trust Account)</p>						
<p><b>Declaration signatures</b> This form must be signed by each licensed individual or licensed company director.</p>	<p>I have checked the answers I have given and state they are true and correct in every detail. I also undertake to advise the Office of Fair Trading after the account is opened, if there are any changes to the name or if it is closed. <b>NOTE:</b> It is an offence to supply incorrect or misleading information.</p> <p>1) Signature: ..... Date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Licensee's name (please print) .....</p> <p>Position/job title .....</p> <p>2) Signature: ..... Date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Licensee's name (please print) .....</p> <p>Position/job title .....</p> <p>3) Signature: ..... Date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Licensee's name (please print) .....</p> <p>Position/job title .....</p>						
<p><b>Lodgement</b></p>	<p>Call 13 13 04 for addresses or visit our website <a href="http://www.fairtrading.qld.gov.au">www.fairtrading.qld.gov.au</a>.</p> <table border="0"> <tr> <td><b>By mail:</b></td> <td><b>By fax:</b></td> <td><b>In person:</b></td> </tr> <tr> <td>Office of Fair Trading GPO Box 3111 Brisbane QLD 4001.</td> <td>07 3898 0166</td> <td>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.</td> </tr> </table>	<b>By mail:</b>	<b>By fax:</b>	<b>In person:</b>	Office of Fair Trading GPO Box 3111 Brisbane QLD 4001.	07 3898 0166	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.
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