



Application for Renewal for a Real Estate/Business Settlement Agent Triennial Certificate - Individual

Please use a pen and write neatly using BLOCK LETTERS. Tick where appropriate

Application Requirements

This form must be completed and signed by the licensee.

Your application can not be assessed unless ALL sections are completed and ALL information is provided. It is essential that you DO NOT LEAVE ANY SECTION BLANK – Use 'N/A' or 'Nil' where appropriate unless otherwise directed.

This application **must** also be accompanied by the prescribed fee (a list of [current fees](#) is available on our website) and those additional items listed in the Application Checklist at section 8. A receipt is not provided unless specifically requested.

Department of Commerce
 Ground Floor "Forrest Centre"
 219 St Georges Terrace
 PERTH WA 6000

Locked Bag 14
 Cloisters Square WA 6850

Licensing Advice Line
 8:30am to 5.00pm
 Monday to Friday
 Tel: 1300 30 40 64 (option 4)
licensinginquiries@commerce.wa.gov.au

Overseas Callers
 +61 8 9282 0459

Web Site
www.commerce.wa.gov.au

1. Licensee Details

Licence Type: SA SB

If you are renewing both SA and SB triennial certificates, please complete two separate renewal application forms

Licence Number:

Title: Mr Mrs Miss Ms Other

Last Name:

Other Names:

Since the grant of your licence or since your last renewal, whichever is later, have you changed your name (e.g. by marriage, alias, deed poll)? Yes No

If yes, please attach evidence confirming the change of name.

Residential Address:

Postal Address:
 (If different from above)

Address for the purpose of the Register:
 (see section 37 of the *Settlement Agents Act 1981*)

Phone: () Work phone: () Mobile:

Preferred Email address:

2. Employment Details

Are you a sole trader? Yes No

Certificate of Insurance

The Commissioner can not renew a triennial certificate unless the applicant is insured in accordance with section 35 of the Act. Please attach a current copy of your Professional Indemnity and Fidelity Insurance Coverage from the Professional Indemnity and Fidelity Master Policy.

Are you currently employed? Yes No

Employer's Name:

Trading Name (if applicable):

In what capacity are you employed? (select multiple options if applicable)

Person in bona fide control	<input type="checkbox"/>	Director	<input type="checkbox"/>
Branch Manager	<input type="checkbox"/>	Conveyancer/Employee	<input type="checkbox"/>

Employer's Business Address:

3. Late Renewal Applications (this section is **mandatory** if you are lodging a late renewal application)

If your renewal application is lodged with the Commissioner after the expiry date of your triennial certificate, the following will occur:

Applications lodged within one month of the expiry date of your triennial certificate

- the renewal shall be deemed to take effect for the period of 3 years on and from the day next succeeding the day on which the triennial certificate expired.

OR

Applications lodged more than one month but not more than 12 months after the expiry of your triennial certificate

- You are required to satisfy the Commissioner that there is reasonable cause for the lateness of the application in order for the renewal to be deemed to take effect for the period of 3 years from the day after the triennial certificate expired. Please provide details below.

Attach additional details if required

4. Fitness of Individual to Hold a Licence

Since the grant of your licence, or since your last renewal, whichever is later, have you, in Australia or elsewhere:

	Yes	No
(a) been subject to disciplinary action in relation to any authorisation (eg licence, certificate, registration) under any Act relating to the regulation of any business, trade, profession, industry or occupation?		
(b) been the subject of any investigations or proceedings that are still current or pending and which may result in disciplinary action being taken in relation to any such authorisation?		
(c) been convicted of, or found guilty of, any offences?		
(d) entered into a recognisance, which is still in force, in relation to any offence?		
(e) been subject to any charge in relation to any offence for which proceedings are still pending, including proceedings by way of appeal or review?		
(f) been an officer of a body corporate that has been the subject of a prosecution or civil or disciplinary proceedings?		

If you answered 'Yes' to any of the above questions, please complete the following table. Attach additional information if required, including, if you wish, information about any mitigating circumstances.

Nature of Offence/proceedings	Court/Board/Tribunal	State / Territory	Case/Matter Number	Date	Sentence/Penalty

Attach additional details if required

Since the grant of your licence, or since your last renewal, whichever is later, have you, in Australia or elsewhere:

	Yes	No
(g) had an application refused for an authorisation (eg licence, certificate, registration) under any Act relating to the regulation of any business, trade, profession, industry or occupation?		
(h) had an authorisation granted (eg licence, certificate, registration) under any Act relating to the regulation of any business, trade, profession, industry or occupation, which for any reason is no longer in force?		
(i) been refused membership to or been subject to disciplinary action in relation to any a professional body?		
(j) been struck off the roll of legal practitioners in this State or elsewhere in the Commonwealth?		
(k) been declared bankrupt, entered a part X arrangement, had your assets frozen or applied to take the benefit of any law for the relief of bankruptcy to insolvent debtors, compounded with creditors or made an assignment for their benefit?		
(l) been, or are currently, a partner in a partnership which has been or is due to be dissolved for financial purposes?		
(m) been, or a are currently, a director, secretary, executive officer or manager of a company that has been placed into voluntary administration, receivership or liquidation etc?		

If you answered 'Yes' to any of the above questions, please provide full and complete particulars in respect of each matter below, including, if you wish, information about any mitigating circumstances.

Attach additional details if required

7. Declaration

I understand fully the duties and obligations imposed on Real Estate and Business Settlement Agents pursuant to the *Settlement Agents Act 1981* and the *Settlement Agents Regulations 1982*.

I,, sincerely declare that the particulars and answers given in respect of this application are, to the best of my knowledge and belief, complete, correct and true and that the attachments hereto are what they purport to be. This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at

Dated this

 day of 20

Applicant's Signature

In the presence of [refer to section 12 and schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* for list of [Authorised Persons](#)]:

Witness' Signature

Print Name of Witness

Qualification as such a witness (e.g. JP, Public Servant, etc)

Any person who knowingly makes a statement that is false in a material particular in a statutory declaration is guilty of a crime and is liable to imprisonment for 5 years and a fine of \$24,000.

8. Application Checklist – Individual

Prior to submitting your application, please complete this checklist, attaching your application and supporting documentation in the order set out below.

Prescribed renewal fee (please complete the credit card details below or make cheque payable to the Commissioner for Consumer Protection)	
Licence Renewal Form – Individual (together with any attached pages providing further information)	
Current copy of your Professional Indemnity and Fidelity Insurance Coverage from the Professional Indemnity and Fidelity Master Policy	
A copy of the Certificate(s) of Registration of any business name (if applicable)	

An incomplete or inaccurate application can not be assessed. If you need help completing this form please contact the Licensing Advice Line on 1300 30 40 64.

9. For Credit Card Payment – card holder to complete

Card Type: Visa Mastercard

Card Number:

Expiry Date: /

Card Holders Name: *Please print*

Signature/Authorisation:

Amount: \$

Your completed application may be forwarded by post to: Commissioner for Consumer Protection C/- Licensing Branch Locked Bag 14, Cloisters Square PERTH WA 6850	Or delivered in person to: Department of Commerce – Consumer Protection Ground Floor, Forrest Centre 219 St Georges Terrace PERTH WA 6000
--	--