



Application for Renewal for a Debt Collector's Licence by an Individual (Form 1)

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
Fax: 08 9282 0861
licensingenquiries@commerce.wa.gov.au

General Enquiries
1300 30 40 54

Web Site
www.commerce.wa.gov.au

Please use a pen and write neatly using **BLOCK LETTERS**.

Tick where appropriate

Applicant details

I (Mr/Mrs/Ms/Miss) _____
(surname) (other names)

of (place of abode) _____
(full address including State)

hereby make an application for the renewal of a Debt Collector's Licence.

My current licence number _____ will expire on the _____ day of _____ 20____
(date) (month) (year)

Business/Company Name (if applicable): _____

ABN (if applicable): _____

Phone number: () _____

Fax Number: () _____

I am not under twenty-one years of age.

Place(s) of business

My principal or sole place of business where I propose to carry on business as a debt collector is situated at _____
(full address including State)

Postal address (if different from above): _____

Phone number: () _____

Fax number: () _____

Email address: _____

The other place(s) at which I intend to carry on business as a debt collector are situated at _____

(full addresses including State — attach additional sheet if necessary)

Phone number: () _____

Fax number: () _____

Receipt of trust monies

Tick one of the following boxes

I do **not** intend to receive or hold trust monies and if such monies are received I will notify the Commissioner for Consumer Protection, in writing, of the trust account.

I intend to receive or hold trust monies and therefore provide details of my trust account.

Details of trust account (only required for applicants intending to receive trust monies)

Name of financial institution: _____

Address of financial institution: _____

BSB and account number: _____

Please attach proof of the trust account being open.

Details of bond/bank guarantee

Amount of bond/bank guarantee: \$ _____

Expiry date (if applicable): _____

Name of institution providing bond/bank guarantee: _____

Address of institution: _____

Please include your original bond/bank guarantee with your application. Pro forma bond/bank guarantee documents are available for the Department of Commerce.

Dated this _____ day of _____ 20____
(date) (month) (year)

NAME: _____
(Please print)

Signature



Debt Collectors Licensing Act 1964 Application for Renewal of Licence - Requirements

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For an Individual

1. Renewal fee - see www.commerce.wa.gov.au/CP/licensingfees.
2. Form 1 - Application for Renewal of a Debt Collector's Licence by an Individual (in duplicate).
3. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000.
4. Bank documentation which evidences the name of the trust account(s), the name and address of the bank where the account is kept and the BSB and account number(s).

For a Company

1. Renewal fee - see www.commerce.wa.gov.au/CP/licensingfees.
2. Form 1—Application for Renewal of a Debt Collector's Licence by a Company (in duplicate) signed on behalf of the company by its manager, secretary or other governing officer.
3. If any new directors have been appointed, three **business** testimonials for each new director. References from subordinates, relatives, partners or co-directors will not be accepted and at least one reference must be from a person external to the director's current place of employment.
Referees should provide as much detail as they are able against the criteria of section 9 of the Act.
4. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$10,000.
5. Bank documentation which evidences the name of the trust account(s), the name and address of the bank where the account is kept and the BSB and account number(s).

Completed renewal applications may be forwarded to the Commissioner for Consumer Protection at:

Locked Bag 14
CLOISTERS SQUARE WA 6850

or
Ground Floor, 219 St Georges Terrace
PERTH WA 6000

Existing licensees may also apply for the transfer of their licence to another person who is qualified to hold the licence.

For further details regarding any of the above information please contact a licensing officer on 1300 30 40 64.