



Government of **Western Australia**  
Department of **Commerce**  
Consumer Protection

## Application for a Real Estate Settlement Agents Licence and/or Business Settlement Agents Licence - (Firm /Partnership)

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

### Application Requirements

This form must be completed and signed by the person in *bona fide* control of the agency.

**Your application cannot 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.**

This application **must** also be accompanied by the prescribed fee and those additional items outlined in the form.

The list of current fees is available at [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).

### Emails

The Department will utilise your nominated email address/es for communication purposes, please ensure that the email address/es provided in your application are correct, and that you notify the Department of any future changes.

### 1. Licence category

Which settlement agent's licence(s) are you applying for?

- Real Estate Settlement Agent**
- Business Settlement Agent**

### 2. Details of applicant

**Name of firm:**

Include names of each partner

**ABN:** (if applicable)

**Business Name under which the firm intends to trade:** (if applicable)

NOTE: Every applicant who intends to carry business under a business name must have that business name registered under *Business Names Registration Act 2011* with the Australian Securities and Investment Commission. For information about business names registration requirements visit [www.asic.gov.au](http://www.asic.gov.au).

**Email address:**

**Business Phone Number:**

**Business Fax Number:**

Department of Commerce  
Consumer Protection  
Level 2, Gordon Stephenson House  
140 William Street  
PERTH WA 6000

Licensing Branch  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON WA 6107

Locked Bag 14  
Cloisters Square WA 6850

Licensing Advice Line  
Tel: 1300 30 40 64

Overseas Callers  
+61 8 6251 2931

Email  
cplicensing@commerce.wa.gov.au

Web Site  
[www.commerce.wa.gov.au/CP/licences](http://www.commerce.wa.gov.au/CP/licences)

Consumer Protection Advice Line  
Tel: 1300 30 40 54

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### 3. Members of the Firm (Partnership)

Please note that where there are up to three (3) partners, at least one of them must be a licensed real estate settlement agent and/or business settlement agent. For a firm with four (4) or more partners, at least two (2) of them must be licensed real estate settlement agents and/or business settlement agents.

Please include in the space below details of all members of the firm. Please indicate by placing a  next to the name of those members holding a real estate settlement agent and/or business settlement agent licence. Additionally, place an asterisk (\*) next to the name of the licensed member who is to be the person in bona fide control (if applicable).

Name of Partner	Address	Date of Birth /Registration	Email address

*If there is insufficient space, please attach a page giving full details as above.*

### 4. Company Directors

Please include in the space below details of all directors of any body corporate listed as a partner.

Company Name	Directors	Home address	Date of Birth	Email address

*If there is insufficient space, please attach a page giving full details as above.*

## 5. Character of Persons and Entity

Please answer the following questions about the partners and all directors of any body corporate listed as a partner:

	Yes	No
(a) Have any of the partners ever been convicted of, or found guilty of, ANY offences anywhere? (Include all traffic offences that went to court but do not include spent convictions.)		
(b) Are any of the partners presently under a probation order, good behaviour bond, on parole, released on licence or subject to periodic detention?		
(c) Are any of the partners aware of any proceedings pending against you/them for an offence, including proceedings by way of appeal or review?		
(d) Have any of the partners ever been disqualified from holding a licence by any occupational licensing Board, agency, other Departments or authorities anywhere?		
(e) Has the firm breached or been found guilty of ANY offences anywhere?		
(f) Has any partner (or director in the case of a corporate member) been known by any other name?		

If the answer to any of the above items was 'Yes', full details must be provided on a separate attached sheet of paper.

## 6. National Police Certificate/s

The *Settlement Agents Act 1981* requires that any applicant applying for a real estate settlement agent and/or business settlement agent licence to be of good character and repute, and a fit and proper person to hold a licence. Please attach to this application **an original or duly certified copy of an Australian Police check** for each partner, each director of a corporate partner (if applicable) and the person in *bona fide* control which is **no more than three months old**. Please note that *State Records Act 2000* requirements mean we cannot return the original document. However, a certified copy can be made available upon request.

Please see [www.commerce.wa.gov.au/cp/policechecks](http://www.commerce.wa.gov.au/cp/policechecks) for a list of accepted Australian police checks.

Please see [www.commerce.wa.gov.au/cp/authorisedwitness](http://www.commerce.wa.gov.au/cp/authorisedwitness) for a list of occupations authorised to certify documents.

## 7. Business and Address Details

### Person in Bona Fide Control

Please state the name of the person that will be in *bona fide* control of the business if one of the licensed directors (specified at section 3) is not undertaking that role.

Person in *bona fide* control:

	Triennial Certificate No:	SA/SB
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Principal Place of Business:

_____
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Postal Address:

(If different from above)

_____
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Address for service of notices:

(Cannot be a PO Box)

See Section 37 of the *Settlement Agents Act 1981*

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Branch Address (if applicable):

See Section 38 of the *Settlement Agents Act 1981*

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Name of Branch Manager:

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Triennial Certificate No of Branch Manager: SA/SB

Attach additional sheet if necessary

## 8. Financial and Audit Information

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The Commissioner for Consumer Protection cannot grant a licence unless (s)he is satisfied that the applicant has sufficient material and financial resources available to comply with the requirements of the Act. To facilitate this, each natural person (individual) or copororate Partner is required to complete this section.

Name of Partner:

Confidential Statement of Assets and Liabilities

Assets	\$
Liabilities	\$
Net Worth	\$

Name of Partner:

Confidential Statement of Assets and Liabilities

Assets	\$
Liabilities	\$
Net Worth	\$

Name of Partner:

Confidential Statement of Assets and Liabilities

Assets	\$
Liabilities	\$
Net Worth	\$

*Attach additional sheet if necessary*

*To assist in determining whether you have sufficient material and financial resources a credit history check will be obtained as part of the application process.*

## **Fidelity and Professional Indemnity Insurance**

In accordance with section 35 of the *Settlement Agents Act 1981* each triennial certificate holder must enter into a professional indemnity policy under the Department of Commerce's Master Policy Agreement. Please provide a **copy of the certificate of insurance**.

For information about obtaining insurance under the Master Policy Agreement, contact Jardine Lloyd Thompson on (08) 9426 0444 or visit [www.jlta.com.au](http://www.jlta.com.au).

## 9. Business References

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Two business references for each partner and each director of a corporate member (if applicable) that is not currently licensed under the Act must accompany this application. The references must be in the pro forma (see Appendix 1). References from relatives or partners will not be accepted and at least one reference must be from a person external to the person's current place of employment.

## 10. Authorisation to obtain information

In order to assist the Commissioner for Consumer Protection with assessment of this application, we give authorisation to the Commissioner, or persons (s)he directs, to obtain on behalf of those persons listed below copies of:

- (a) current or historical criminal records relating to any offence committed by member of the firm or an associated person/entity;
- (b) any statements of fact for proceedings to which a member of the firm or an associated person/entity, have been a party;
- (c) any court transcript or records for proceedings to which a member of the firm or an associated person/entity, have been a party;
- (d) any decision in proceedings before any statutory body to which a member of the firm or an associated person/entity, have been a party;
- (e) any other document or file relating to another occupational licence which a member of the firm or an associated person/entity, have applied; and/or
- (f) any other document or file that may be necessary to assist the Commissioner with assessment of this application.

I/We further agree, during the currency of this application, to do all things necessary to assist the Commissioner in obtaining the above records upon request.

By signing this document, I/we confirm that I/we understand fully the duties and obligations imposed on the firm under the *Settlement Agents Act 1981*, Regulations, and associated Code of Conduct.

*All natural persons involved in the management and/or conduct of the agency must sign this section to attest to the information provided.*

Name of Person	Signature	Date

*Attach additional sheet if necessary*

## 11. Declaration (signed by person in *bona fide* control)

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I, (print full name)   
of (address)   
occupation

being the person in *bona fide* control of the firm for a real estate settlement agent licence and/or business settlement agent sincerely declare that:

1. no person included in the list of partners of the firm is an undischarged bankrupt or a person whose affairs are being administered under the laws of bankruptcy (if this is not so provide details on a separate sheet of paper);
2. the particulars given in this application are true and correct and the attachments hereto are what they purport to be;
3. I have/ have not (**delete which is not applicable**) been appointed as Partner of the business;
4. I shall be in *bona fide* control and exercise constant supervision of all employees and branch managers of the business
5. I have satisfied myself that the each partner named above has sufficient material and financial resources available to it to comply with the requirements of the *Settlement Agents Act 1981*.
6. The firm is solvent and is able to pay its debts as they fall due for payment.

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 (address)**

Dated this  day of  20

Applicant's Signature

**In the presence of:**

Witness' Signature

Print Full Name of Witness

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

Refer to section 12 and schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* for the list of Authorised Witnesses or visit [www.commerce.wa.gov.au/CP/authorisedwitness](http://www.commerce.wa.gov.au/CP/authorisedwitness)

**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.**

## 12. Application Checklist

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

Prescribed fees (Please complete credit card details below or make a cheque payable to the Commissioner for Consumer Protection)	
Australian Police check for <b>each</b> partner, each director of corporate partners and the person in <i>bona fide</i> control (not more than three months old)	
Copy of the certificate of insurance	
Two references for each partner (or director of a corporate partner) who is not currently licensed under the Act (Appendix 1 pro forma)	

Your completed application may be lodged

**By post** addressed to:

Consumer Protection Licensing  
Department of Commerce  
Locked Bag 14  
CLOISTERS SQUARE WA 6850

**In person** at:

Department of Commerce  
Level 2, Gordon Stephenson House  
140 William Street  
PERTH

**In person** at:

Consumer Protection Licensing  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON

**DROP OFF ONLY**

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

## 13. Application Fee

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A Triennial Certificate is granted for a three (3) year period. The total fee payable includes a triennial certificate/licence fee and a contribution to the fidelity guarantee account.

A list of current fees is available on our website at [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).

Cheques should be made payable to the Commissioner for Consumer Protection. For payment by credit card, please complete the details below:

## 14. For Credit Card Payment

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Card Type    Visa     Mastercard

Card Number                        

Expiry Date      /

Card Holder     *Please print*

Signature/Authorisation



Government of **Western Australia**  
Department of **Commerce**  
Consumer Protection

**SETTLEMENT AGENT  
BUSINESS REFERENCE TEMPLATE**

- References from relatives (partners), subordinates, business partners or co-directors will not be accepted.
- At least one reference must be from a person external to the individual’s current place of employment.
- **References should be as detailed as possible but include only information that is relevant to the individual’s suitability to be a partner, or a person concerned in the management or conduct, in a settlement agent’s business. Any additional relevant information should be attached.**
- Where Consumer Protection is unable to determine the individual’s suitability to be concerned with the management or conduct of a settlement agent’s licence due to insufficient information, the reference will not be accepted.

The information provided will assist the Commissioner for Consumer Protection in determining whether an individual is of good character and repute, and a fit and proper person to be concerned with the management or conduct of a settlement agent’s business, pursuant to section 28 of the *Settlement Agents Act 1981*.

**Individual for whom reference provided:** \_\_\_\_\_

**Relevant Partnership (applicant)** \_\_\_\_\_

If the individual is a Director of a corporate partner,

**Name of company** \_\_\_\_\_

**Questions (to be completed by the referee)**

1. How long have you known the individual? .....
2. Are you related to the individual in any way? .....
3. What is the capacity and extent of your business relationship (and social relationship, if any) with the individual?  
.....  
.....  
.....  
.....  
.....  
.....
4. To the best of your knowledge, what experience does the individual bring to make them a suitable person to be a partner, or a person involved with the management or conduct of a settlement agency’s business? .....



**General fitness of individual to be in the management and control of a settlement agency:**

I consider the individual to be a person of good character and repute and persons fit to be concerned as a partner of, or with the management or control of, a settlement agent’s business.

I believe that the individual reasonably understands the duties and obligations imposed on them by the *Settlement Agents Act 1981*.

I am not aware of any reason why the individual would not be eligible to be, or should not be concerned as a partner of, or involved with the management or control of, a settlement agent’s business.

I am not aware of any reason why the applicant may not have sufficient material and financial resources to comply with the requirements of the *Settlement Agents Act 1981*.

**Referee’s Name** (please print) .....

**Job title/Place of Employment** .....

**Contact Number** .....

**Declaration**

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I, .....(referee), sincerely declare that the particulars and answers given in respect of this reference 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

Referee’s Signature

**In the presence of:**

Witness’ Signature

Print Name of Witness

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

Refer to section 12 and schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* for the list of Authorised witnesses or visit [www.commerce.wa.gov.au/CP/authorisedwitness](http://www.commerce.wa.gov.au/CP/authorisedwitness).

**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.**