

Notification of inactive or closed trust account

Regulation 24, Real Estate Agents (Audit) Regulations 2009

1. When completed, send via one of the methods listed:
By email: licensing@rea.govt.nz
By post: The Registrar, Real Estate Authority, PO Box 25371, Wellington 6140
By courier: The Registrar, Real Estate Authority, Level 4, 95 Customhouse Quay, Wellington
2. For help completing this form, call 0800 FOR REA (0800 367 732) or 04 471 8930 or visit rea.govt.nz
3. Please retain a copy of this form for your records.

1. Type of licence held (tick box)

Individual agent (sole trader) Partnership Company

2. Licence details

Licence number: _ _ _ _ _

Company name (if applicable): _____

Trading name of business: _____

Name of franchise group or marketing group (if any):

3. Postal address

Street: _____

Suburb: _____

City: _____ Postcode: _____

4. Contact person

Name: _____

Telephone number(s): _____

Email address: _____

5. Inactive or closed trust accounts

The trust account(s) listed below is inactive/closed (delete one) because:

- a new trust account has been opened
- the holder is now using a New Zealand Real Estate Trust Account
- the holder of individual licence, now employed by another agency
- the holder of an individual licence, now officer of a company that is agent
- the holder of an individual licence, now member of a partnership that operates a partnership trust account
- an agency no longer actively engaged in carrying on the business of an agent

Name of Trust account	Bank account number																		
	Bank		Branch				Account				Suffix								

5. Name and postal address of auditor

Name: _____
 Street: _____
 Suburb: _____
 City: _____ Postcode: _____

6. Confirmation

I confirm that:

- the auditor has been provided with all unaudited trust account records, including unused trust receipt forms and cheques
- appropriate steps have been taken to ensure no further trust account receipts are generated (delete if not applicable)
- the final audit report will be sent to the Real Estate Authority within 10 days of its completion in accordance with section 25 of the Real Estate Agents (Audit) Regulation 2009

Signature: _____
 Name (print name): _____
 Date (dd/mm/yyyy): ____ / ____ / ____
 Position (e.g. Director): _____