

## NOTIFICATION OF CHANGE OF AUDITOR

Regulation 13 Real Estate Agents (Audit) Regulations 2009

### PART A – TO BE COMPLETED BY AGENT

1. The real estate agent is to complete Part A of the form and pass it to their Auditor to complete Part B.
2. Residential property letting trust accounts are excluded from the Real Estate Agents Act 2008 and Audit Regulations 2009. No declaration is required.
3. The completed form is to be returned to:  
**Post to:** The Registrar, Real Estate Agents Authority, P.O. Box 25371, Featherston Street, Wellington 6146.  
**Email to:** [licensing@reaa.govt.nz](mailto:licensing@reaa.govt.nz)
4. For help in completing this form, call 0800 for REAA (0800 367 7322) or 04 471 8930 or visit [www.reaa.govt.nz](http://www.reaa.govt.nz).

<b>1. TYPE OF LICENCE (tick box)</b> <input type="checkbox"/> Individual agent (sole trader) <input type="checkbox"/> Partnership <input type="checkbox"/> Company											
<b>2. LICENCE NUMBER</b> _____											
<b>3. ORGANISATION NAME</b> Company name (if applicable) ..... Trading name of business ..... Name of franchise group or marketing group (if any) .....											
<b>4. POSTAL ADDRESS</b> Street..... Suburb..... City..... Post Code ____						<b>5. PRINCIPAL PLACE OF BUSINESS</b> Street..... Suburb..... City..... Post Code ____					
<b>6. NAME OF AUDITOR WHO IS BEING REPLACED</b>											
<b>7. NAME OF REPLACEMENT AUDITOR</b>											
<b>8. DATE CHANGE EFFECTIVE FROM:</b> ____ / ____ / ____											
<b>9. TRUST ACCOUNTS TO BE AUDITED</b> (include Trust Accounts operated in Branch offices)											
Name of Trust Account			Bank Account Number								
	Bank		Branch				Account				Suffix
<b>10. CONFIRMATION</b> Signature ..... Name (print name) ..... Date ____ / ____ / ____ Position in the company (e.g. Director).....											

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Regulation 13 Real Estate Agents (Audit) Regulations 2009

### PART B - TO BE COMPLETED BY REPLACEMENT AUDITOR

1. The real estate agent is to complete Part A of the form and pass it to their Auditor to complete Part B.
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3. The completed form is to be returned to:  
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<b>1. NAME OF AUDITOR OR PARTNERSHIP</b> ..... Operating as a partnership <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. POSTAL ADDRESS</b> Street or PO Box..... Suburb ..... City.....Post Code ____	<b>3. CONTACT PERSON</b> Mr / Mrs / Miss / Ms* [* Select one.] Surname ..... First name(s) ..... Known as ..... Telephone number (0 ) ..... Email address .....
<b>4. DECLARATION/CONFIRMATION</b> I confirm that I/the partnership meet the requirements of Regulation 10 (as detailed below) and agree to audit the trust account(s) listed on the previous page.  Signature .....  Name [print name] ..... Date ____ / ____ / ____	
<b>Under the provisions of Regulation 10 of the Real Estate Agents (Audit) Regulations 2009 the following may be appointed as auditor</b> 1. A person may be appointed as the auditor of an agency's trust accounts if that person— <ul style="list-style-type: none"> <li>• (a) is a qualified auditor; and</li> <li>• (b) is not disqualified from auditing the agency's trust accounts under <a href="#">regulation 11</a>.</li> </ul> 2. See <a href="#">sections 37 to 39</a> of the Financial Reporting Act 2013 (which provide for the appointment of a partnership and access to information in relation to an agency).	

