

Notification of Change of Auditor

Regulation 13 Real Estate Agents (Audit) Regulations 2009

INSTRUCTIONS

The real estate agent is to complete Part A of this form and pass it to their Auditor to complete Part B.

The completed form is to be returned to:

The Registrar, Real Estate Agents Authority, P.O. Box 25371, Panama Street, Wellington 6146.

Fax: 64 4 815 8468

Email: licensing@reaa.govt.nz

For help in completing this form, call 0800 for REAA (0800 367 7322) or visit www.reaa.govt.nz

Part A – To be completed by Agent

1. TYPE OF LICENCE (<i>tick box</i>) <input type="checkbox"/> Individual agent <input type="checkbox"/> Partnership <input type="checkbox"/> 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 Post Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. CONTACT PERSON Name Telephone number(s) Email address
5. NAME AND POSTAL ADDRESS OF AUDITOR WHO IS BEING REPLACED Name Street Suburb City Post Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. NAME OF REPLACEMENT AUDITOR	
7. TRUST ACCOUNTS TO BE AUDITED (include Trust Accounts operated in Branch offices)	
Name of Trust Account	Bank Account Number
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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8. CONFIRMATION Date Signature Name (<i>print name</i>) Position in the company (e.g Director).....	

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PART B To be completed by Replacement Auditor

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NAME OF AUDITOR OR PARTNERSHIP Operating as a partnership <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSTAL ADDRESS Street Suburb City Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONTACT PERSON Name Telephone number(s) (0) Email address
<p>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.</p> <p>Signature</p> <p>Name [<i>print name</i>] Date</p>	
<p>Under the provisions of Regulation 10 of the Real Estate Agents (Audit) Regulations 2009 the following may be appointed as auditor</p> <p>(1) A person may be appointed as the auditor of an agency's trust accounts if that person—</p> <p style="margin-left: 20px;">(a) is a chartered accountant; and</p> <p style="margin-left: 20px;">(b) holds a certificate of public practice (within the meaning of section 2 of the New Zealand Institute of Chartered Accountants Act 1996); and</p> <p style="margin-left: 20px;">(c) is not disqualified under regulation 11 of the Real Estate Agents (Audit) Regulations 2009</p> <p>(2) A partnership may be appointed as the auditor of an agency's trust accounts if—</p> <p style="margin-left: 20px;">(a) a majority of the partners meet the requirements set out in subclause (1)(a) and (b); and</p> <p style="margin-left: 20px;">(b) no partner is disqualified under regulation 11 of the Real Estate Agents (Audit) Regulations 2009</p> <p>(3) If a partnership is appointed as the auditor of an agency's trust accounts,—</p> <p style="margin-left: 20px;">(a) a reference to the auditor in these regulations must be construed as a separate reference to every partner; and</p> <p style="margin-left: 20px;">(b) the powers, duties, and liabilities of an auditor under these regulations may be exercised, performed, and discharged by any 1 or more partners who meet the requirements set out in subclause (1) acting in the name and on behalf of the partnership.</p>	