

Notification of Auditor

Regulation 12 Real Estate Agents (Audit) Regulations 2009

INSTRUCTIONS

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

Note: Residential property letting trust accounts are excluded from the Real Estate Agents Act 2008 and Audit Regulations 2009. No declaration is required.

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 HELD <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. ADDRESS OF REGISTERED OFFICE Street..... Suburb City Post Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5. ELIGIBLE OFFICER (holds individual agent's licence) Name Licence Number Contact telephone number(s) Email address		6. CONTACT PERSON Name Telephone number(s) Email address		
7. DO YOU OPERATE A TRUST ACCOUNT FOR REAL ESTATE SALES TRANSACTIONS? <input type="checkbox"/> Yes (go to question 8) <input type="checkbox"/> No Please specify reason you will not be operating a trust account <input type="checkbox"/> employed by company/agent that operates a trust account <input type="checkbox"/> member of a partnership that operates a partnership trust account <input type="checkbox"/> using Solicitor Trust Account <input type="checkbox"/> using Third Party Trust Account <input type="checkbox"/> other, please specify:				
8. ACTIVE TRUST ACCOUNTS (include Trust Accounts operated in Branch offices) If necessary use additional sheet.				
Name of Trust Account		Bank Account Number		
	Bank	Branch	Account	Suffix
	<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"/> <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"/> <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"/>

9. CONFIRMATION

Date Signature Name [*print name*]

Position in the company (e.g Director).....

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PART B To be completed by Auditor

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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> <ul style="list-style-type: none"> (a) is a chartered accountant; and (b) holds a certificate of public practice (within the meaning of section 2 of the Institute of Chartered Accountants Act New Zealand 1996); and (c) is not disqualified under regulation 11 of the Real Estate Agents (Audit) Regulations 2009 <p>(2) A partnership may be appointed as the auditor of an agency's trust accounts if—</p> <ul style="list-style-type: none"> (a) a majority of the partners meet the requirements set out in subclause (1)(a) and (b); and (b) no partner is disqualified under regulation 11 of the Real Estate Agents (Audit) Regulations 2009 <p>(3) If a partnership is appointed as the auditor of an agency's trust accounts,—</p> <ul style="list-style-type: none"> (a) a reference to the auditor in these regulations must be construed as a separate reference to every partner; and (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. 	