

## Notification of Inactive Trust Account

### Regulation 24 Real Estate Agents (Audit) Regulations 2009

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](mailto:licensing@reaa.govt.nz)**

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

<b>1. TYPE OF LICENCE HELD</b> <i>[tick box]</i> <input type="checkbox"/> Individual agent <input type="checkbox"/> Partnership <input type="checkbox"/> Company	
<b>2. LICENCE DETAILS</b> Licence number ..... Company name (if applicable)..... Trading name of business ..... Name of franchise group or marketing group (if any) .....	
<b>3. POSTAL ADDRESS</b> Street ..... Suburb ..... City ..... Post Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>4. CONTACT PERSON</b> Name ..... Telephone number(s) ..... Email address .....
<b>5. INACTIVE TRUST ACCOUNTS</b> The trust account(s) listed below is inactive because the holder is: <input type="checkbox"/> the holder of individual licence, now employed by another agency <input type="checkbox"/> the holder of an individual licence, now officer of a company that is agent <input type="checkbox"/> the holder of an individual licence, now member of a partnership that operates a partnership trust account <input type="checkbox"/> an agency no longer actively engaged in carrying on the business of an agent	
<b>Name of Trust Account</b>	<b>Bank Account Number</b>
	<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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<b>6. NAME AND POSTAL ADDRESS OF AUDITOR</b> Name ..... Street ..... Suburb ..... City ..... Post Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>7. CONFIRMATION</b> I confirm that <input type="checkbox"/> the auditor has been provided with all unaudited trust account records, including unused trust receipt forms and cheques <input type="checkbox"/> appropriate steps have been taken to ensure no further trust account receipts are generated (delete if not applicable) Date ..... Signature ..... Name <i>[print name]</i> ..... Position (e.g Director).....	