



# Application for approval as an auditor

**OFFICE USE ONLY**

Date received

Lodgement details

LU: .....

This form is used by an unqualified auditor to seek the approval of the chief executive to audit the trust account of a *Property Agents and Motor Dealers Act* licensee who is unable to appoint a qualified auditor.

**DO NOT COMPLETE THIS FORM IF THE INTENDED AUDITOR IS A QUALIFIED AUDITOR. A QUALIFIED AUDITOR IS:**

1. A person registered as an auditor under the *Corporations Act 2001*;
2. A member of CPA Australia who is entitled to use the letters 'CPA' or 'FCPA';
3. The Institute of Chartered Accountants in Australia who is entitled to use the letters 'CA' or 'FCA';
4. A member of the National Institute of Accountants who is entitled to use the letters 'MNA', 'FNIA', 'PNA' or 'FPNA', who has satisfactorily completed an auditing component of a course of study in accountancy of at least three years duration at a tertiary level conducted by a prescribed university or other prescribed institution under Section 1280 (2) (a) (ii) of the *Corporations Act 2001*.

**Auditors with these qualifications are already approved under section 391 of the *Property Agents and Motor Dealers Act 2000*, to carry out the audit.**

No fee is payable.

**Instructions**

Please complete in BLOCK letters. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY.

**Privacy Statement—Please read**

The Department of Justice and Attorney-General is collecting information, including personal information, on this form for the purposes of the *Property Agents and Motor Dealers Act 2000* and *Property Agents and Motor Dealers Regulation 2001*. In accordance with this legislation, a register of this information and any documents required by the Department is available for inspection by the public upon payment of a prescribed fee. Where authorised or required by law, information on this form can be disclosed to third parties without your consent.

**Part 1—Applicant details (to be completed by the proposed auditor)**

<p><b>Section 1</b> <b>Applicant name and business address</b></p>	<p>Details of person applying to be an approved auditor.</p> <p>Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) .....</p> <p>First name ..... Last name .....</p> <p>Business name (if applicable) .....</p> <p>Building name (if applicable) .....</p> <p>Business address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Section 2</b> <b>Applicant residential address</b></p>	<p>Building name (if applicable) .....</p> <p>Residential address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Section 3</b> <b>Applicant contact details</b></p>	<p>Work phone ( ) ..... Work fax ( ) .....</p> <p>Home phone ( ) ..... Mobile .....</p> <p>Email address .....</p>

**Part 2—Licensee Details (to be completed by licensee)**

**Section 1  
Licensee Details—  
Either Individual or  
Corporation**

Licensee's name .....

Licence number .....

**Section 2  
Request by  
Licensee and Trust  
Account details**

I, ..... (Name of Licensee) request that  
 ..... (Name of proposed auditor)  
 be approved by the chief executive to audit all the trust accounts, kept by me as a  
 licensee under the Act, the details of which are listed below or attached separately.  
 I am aware of Part 7 of the PAMD Regulation regarding accounts, funds and records to  
 be kept by me as a licensee.

Licensee's signature .....

Date signed  /  /   
D D / M M / Y Y Y Y

**Please provide details below of the Trust account(s) you intend to have audited by  
 the proposed auditor nominated above.**

Trust account name .....

Trust account number .....

Bank and branch held .....

**If more than one trust account, please provide these details on a separate sheet  
 attached to this application.**

**Part 3—Application Details (to be completed by applicant)**

**Section 1**

**The applicant is required to answer these questions. Have you:**

- Been affected by bankruptcy action?  Yes  No
- Been convicted of an indictable offence involving dishonesty?  Yes  No
- Been found guilty of professional misconduct or unprofessional conduct  
 by CPA Australia, the Institute of Chartered Accountants in Australia or  
 the National Institute of Accountants?  Yes  No

***Please provide written details if any of the above questions are answered YES.***

**Do you hold current professional indemnity insurance in an amount not less than  
 \$250,000.00?**

- No— NOTE: It is a requirement under the Act, for a person to be approved as an  
 auditor, to have professional indemnity insurance of at least \$250,000.00.
- Yes—Please attach documentation showing the amount and currency of the  
 insurance policy. After completion, go to next question in this Section.

**Do you hold at least a diploma level tertiary qualification in accounting, which  
 must include an auditing component?**

- No— Go to next question.
- Yes—Please attach a copy of your qualification. After completion go to Section 3.

**Do you reside in a remote locality?**

- No— NOTE - It is a requirement under the Act, for a person who is not a qualified  
 auditor, to either reside in a remote locality, or have at least a diploma level  
 tertiary qualification in order to be approved as an auditor.
- Yes—Go to next question.

**Is there a qualified auditor available to service the needs of the remote locality?**

- No— Go to Section 2.
- Yes—NOTE: An unqualified person cannot be approved as an auditor if there is a  
 qualified auditor available in the remote locality.

