



REAL ESTATE & SETTLEMENT AGENTS
CHANGE OF DETAILS NOTIFICATION

Title:	Name:			Personal details	
Previous name: <small>(please return licence/triennial certificate for amendment, with certified copy of relevant document for "name change")</small>					
Residential address:					
Previous address <small>(if notifying change of address):</small>					
Postal address:					
Work ☎	Mobile ☎	Home ☎			
Fax ☎	Email address ✉				
If you are not trading, are you working in the real estate industry?		YES	NO		please tick
If yes: What agency do you work for?					
What is your role there?					

Business details				Business details
Company name (if any):				
ACN (or ABN):	Licence number <small>(company or partnership):</small>			
Business name: <small>(if changing business name please return triennial certificate for amendment, with copy of business name registration)</small>				
Previous business name (if any): <small>Date of commencing to trade under new business name:</small>				
Business address:				
Postal address:				
Trust account (1) name (title):				
Bank + branch	BSB + account number			
Trust account (2) name (title):				
Bank + branch	BSB + account number			
<small>Change of directors: please advise the Department in writing accompanied by a current police clearance certificate for the new director(s) and a current ASIC (full) company search</small>				

Branch offices (if applicable)				Branch offices
Business address:				
Postal address:				
Phone ☎	Fax ☎	Email ✉		
Branch manager:		Licence number:		
Business address:				
Postal address:				
Phone ☎	Fax ☎	Email ✉		
Branch manager:		Licence number:		



LICENCE NUMBER

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Update of Licensed / Registered staff				
STAFF NO LONGER EMPLOYED				
Surname	First name	Role: i.e. SR, PM, O	Lic/Reg No.	Date ceased
NEW STAFF MEMBERS				
Surname	First name	Role: i.e. SR, PM, O	Lic/Reg No.	Date employed

Staff changes

Note: change of address / name by licensed/registered employees should be provided on a separate sheet.

I, (print name) _____ being the licensed person in *bona fide* control of (agency)_____ declare that this information statement provided to the Commissioner for Consumer Protection is true and accurate.

Signed: _____ Date: _____