Notification of inactive or closed trust account
Regulation 24, Real Estate Agents (Audit) Regulations 2009

1. When completed, send via one of the methods listed:
   By email: licensing@rea.govt.nz
   By post: The Registrar, Real Estate Authority, PO Box 25371, Wellington 6140
   By courier: The Registrar, Real Estate Authority, Level 4, 95 Customhouse Quay, Wellington

2. For help completing this form, call 0800 FOR REA (0800 367 732) or 04 471 8930 or visit rea.govt.nz

3. Please retain a copy of this form for your records.

1. **Type of licence held** (tick box)
   - Individual agent (sole trader)
   - Partnership
   - 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: __________________________ Postcode: ____________________

4. **Contact person**

   Name: _____________________________________________________________________

   Telephone number(s): _____________________________________________________________________

   Email address: _____________________________________________________________________
5. **Inactive or closed trust accounts**

The trust account(s) listed below is inactive/closed (delete one) because:

- [ ] a new trust account has been opened
- [ ] the holder is now using a New Zealand Real Estate Trust Account
- [ ] the holder of individual licence, now employed by another agency
- [ ] the holder of an individual licence, now officer of a company that is agent
- [ ] the holder of an individual licence, now member of a partnership that operates a partnership trust account
- [ ] an agency no longer actively engaged in carrying on the business of an agent

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<tr>
<th>Name of Trust account</th>
<th>Bank</th>
<th>Branch</th>
<th>Account</th>
<th>Suffix</th>
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5. **Name and postal address of auditor**

Name: ____________________________________________

Street: __________________________________________

Suburb: __________________________________________

City: _____________________________________________ Postcode: ___________________

6. **Confirmation**

I confirm that:

- [ ] the auditor has been provided with all unaudited trust account records, including unused trust receipt forms and cheques
- [ ] appropriate steps have been taken to ensure no further trust account receipts are generated (delete if not applicable)
- [ ] the final audit report will be sent to the Real Estate Authority within 10 days of its completion in accordance with section 25 of the Real Estate Agents (Audit) Regulation 2009

Signature: ______________________________________

Name (print name): ______________________________________

Date (dd/mm/yyyy): ______ /______ /__________

Position (e.g. Director): ________________________________