



## Part 1—Licensee or collection agent details continued

<b>Section 3</b> <b>Contact details</b>	Business phone ..... After hours phone..... Fax number..... Mobile ..... Email address..... Preferred contact method <input type="checkbox"/> B/H <input type="checkbox"/> A/H <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>Section 4</b> <b>Postal address</b>	Building name (if applicable) ..... Address ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Part 2—Trust account details (please complete a separate page for each account)

<b>Section 1</b> <b>Action taken</b> Please tick and date one only.	<input type="checkbox"/> Account opened      Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small style="margin-left: 100px;">D D / M M / Y Y Y Y</small> <input type="checkbox"/> Account closed      Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small style="margin-left: 100px;">D D / M M / Y Y Y Y</small> <input type="checkbox"/> Account name changed      Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small style="margin-left: 100px;">D D / M M / Y Y Y Y</small>
<b>Section 2</b> <b>Approved financial institution details</b>	Name of institution ..... Branch location ..... 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><b>Note:</b> The trust account or special trust account can only be opened at a financial institution within Queensland that is approved under the <i>Agents Financial Administration Act 2014</i>. See <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a> for more information.</p>
<b>Section 3</b> <b>Account details</b> Note: Account name must include agent name(s), trading name (if applicable) and the words 'Trust account' or 'Special trust account'.  An agent is required to pay monies received, into a general trust account or a special trust account before the end of the first business day after receiving the amount. A special trust account can only be used by a property agent under the <i>Property Occupations Act 2014</i> where the contract of sale will not be completed within 60 days and all parties have directed the deposit be invested.	Account number <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"/> BSB <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account type: <input type="checkbox"/> General trust account <input type="checkbox"/> Special trust account  Account name..... Previous name (if applicable) .....

## Part 3—Declaration

### Applicant to sign

This form must be signed by each agent or in the case of a corporation, by an executive officer.

(**executive officer**, for a corporation, means a person, by whatever name called and whether or not the person is a director of the corporation, who is concerned, or takes part, in the management of the corporation).

I declare the answers I have given on this form and attachments are true and correct in every detail.

**Note:** It is an offence to supply false or misleading information.

Applicant signature .....

Signatory's name .....

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

Applicant signature .....

Signatory's name .....

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

Applicant signature .....

Signatory's name .....

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

## Lodgement details

### Lodgement details

**Please lodge this completed form along with any supporting documentation and fees to the Office of Fair Trading at the address below, or to any OFT regional office (Call 13 QGOV (13 74 68) for addresses or visit [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)**

**By mail:**

GPO Box 3111  
Brisbane QLD 4001

**In person:**

Queensland Government Service Centre  
Upper Plaza Terrace  
33 Charlotte Street  
Brisbane QLD 4000

**By fax:** 07 3033 0132

**By email:** [Financial.OFT@justice.qld.gov.au](mailto:Financial.OFT@justice.qld.gov.au)