



Australian Credit Licence - Trust account statement

If there is insufficient space in any section of the form, you may submit additional copies of the relevant page(s) as part of this lodgement.

Lodgement details

Who should ASIC contact if there is a query about this form?

ASIC registered agent number (if applicable)

Firm/organisation

Contact name/position description

Telephone number

Email Address

Postal address

Suburb/City

State/Territory

Postcode

Australian Credit Licence details

Credit licence number

Name of credit licensee

Part 1

(For completion prior to CL71)

1 Financial year

Start date of licensee's financial year

[D] [D] [M] [M] [Y] [Y]

End date of licensee's financial year

[D] [D] [M] [M] [Y] [Y]

For information on completing this form and complying with trust account obligations, see the information sheet INFO 136 *Complying with your trust account obligations as a credit licensee*

2 Continued... **Details of trust accounts maintained during this financial year**

Additional trust account

Trust account name

Name of Australian ADI with whom the trust account is maintained

Trust account balance as at financial year end

\$

List of all persons on behalf of whom monies are held on trust as at financial year end

Persons on behalf of whom monies held	Balance (\$)
Total balances as at financial year end	

Total amount of monies which were deposited into the trust account during the financial year

\$

Total number of persons from whom the licensee received trust monies during the financial year

Total number of persons on whose behalf the licensee held trust monies during the financial year

List of balances that are dormant (ie for which there have been no movements for 6 months) as at financial year end

Person's name	Date of last transaction	Reason for no change	Dormant balance (\$)
Total amount of all dormant balances as at financial year end.			

To provide details of additional trust accounts, copy this page and attach to this form

Declaration

Except as stated at paragraph (i)

- (a) This trust account statement is true and correct and includes all trust money held by the licensee in accordance with section 99 of the *National Consumer Credit Protection Act 2009*
- (b) The licensee has paid to the credit of the trust account(s) all money received by the licensee on behalf of another person in relation to the credit service provided by the licensee [s99(1)].
- (c) The licensee has not withdrawn any money from the trust account(s), other than for the purpose of paying the money to the person or persons lawfully entitled to receive that money [s99(2), (3)]
- (d) The licensee has not used the trust account monies for the payment of a debt of any other creditor of the licensee and the trust account monies have not been attached or taken in execution under the order or process of a court at the instance of any such creditors [s99(5)]
- (e) At no time was any individual client balance overdrawn by any amount during the period.
- (f) The licensee has deposited into the trust account(s) all monies received before the end of the next business day after receiving the monies
- (g) The licensee has undertaken a trust account reconciliation on at least a monthly basis
- (h) The licensee has issued receipts for all trust account monies received.
- (i) Exceptions
Provide details of any exceptions

Signature

I declare that the information in this form is, to my knowledge and belief, complete, accurate and true.

Name

Capacity

- director
- secretary
- partner
- trustee
- natural person licensee
- agent
- other, please specify

Signature

Date signed

/ /
[D] [D] / [M] [M] / [Y] [Y]

Part 2

(For completion after CL71)

Certification

The trust account audit report in the form of Form CL71 lodged with this form is the auditor's trust account audit report under section 100.

Qualification

Are there any exceptions at the opinion and statement section on the CL71?

Yes No

If yes, nominate the paragraphs to which the exceptions relate

Paragraph 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paragraph 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paragraph 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paragraph 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paragraph 5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paragraph 6	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature

I declare that the information in this form is, to my knowledge and belief, complete, accurate and true.

Name

Capacity

- director
 secretary
 partner
 trustee
 natural person licensee
 agent
 other, please specify

Signature

Date signed

/ /
[D] [D] / [M] [M] / [Y] [Y]

Privacy

The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.

Lodgement

How to send completed and signed forms to ASIC:

- Scan form and email to creditlicensing@asic.gov.au
- Mail to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

For more information

Web www.asic.gov.au
Need help? www.asic.gov.au/question
Telephone 1300 300 630