Form CL16 National Consumer Credit Protection Regulations 2010 19(3)(b), 19(5)(b)

Australian Credit Licence - Notification of appointment of a trust account auditor

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)

Contact name/position desc	ription		
Telephone number			
Email Address			
Postal address			

Australian Credit Licence details

Credit licence number	
Name of credit licensee	

Basis of appointment

Have you previously advised ASIC of the appointment of an auditor to audit the trust account?

No

____ Yes

If no, go to Section 2, Details of appointment of a new auditor

For information on completing this form and complying with trust account obligations, see the information sheet INF0 136 *Complying with your trust account obligations as a credit licensee*

1 Details of cessation of previ	ious trust account auditor		
	ASIC registered company auditor number (for individual auditor or authorised audit company)		
	Family name		Given name
	or Authorised audit company name		
	ACN/ABN		
Address	Street number and Street name		
	Suburb/City		State/Territory
	Postcode Cou	untry (if not Australia)	
	Date of cessation [D D] [M M] [Y Y]		
Tick one box	Please advise the reason for the pr	red to keep a trust account	ceasing their role:
	Auditor was unable to perform	ו his or her duties as the lice	ensee's trust account auditor
		tained approval prior to resignir	n ng. Your auditor may apply for approval by lodging a from ASIC to resign as a trust account auditor.
		pproval prior to replacing an au	auditor ditor. You may apply for approval by lodging a from ASIC to replace a trust account auditor.

2 Details of appointment of new trust account aud

Provide the following details for the tru
account auditor whose appointment ye
are notifying

account auditor whose appointment you are notifying	ASIC registered company au	ditor number (for individual auc	litor or authorised audi	t company)
	Family name		Given name	
	or Authorised audit company na	me		
	ACN/ABN]
Address	At the office of, C/-(if applicab	le)		
	Office, unit, level			
	Street number and Street name or PO Box			
	Suburb/City		State/Territory	
	Postcode	Country (if not Australia)		
	Date of appointment [] / [] / [] D] [] []	 Y]		
Signature Refer to Guide for details on eligible	To the best of my knowledge, false or misleading informatio		d annexures is true an	d complete (it is an offence to provide
signatories.	Name			
	Capacity			
	director			
	secretary			
	partner			
	natural person licer local agent	ISEE		
	other, please specif	V		

Signature

•

Mail to:

Date signed [D D] [M M] [Y Y]

Lodgement

How to send completed and signed forms to ASIC:

Scan form and email to creditlicensing@asic.gov.au •

Web

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

For more information

Form CL16 National Consumer Credit Protection Regulations 2010 19(3)(b), 19(5)(b)

Guide: Australian Credit Licence - Notification of appointment of a trust account auditor

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

Signature	This form must be signed by the person authorised by the Australian credit licensee.			
	EntitySignatoryPartnership comprised of individualsAny one of the individual partners			
	Partnership comprised of both individuals and companies	Any one of the individual partners or a director or secretary of one of the companies Any one of the trustees, or where the trustee is a body, a director or secretary of the body Director or secretary		
	Multiple trustees			
	Company			
	Foreign company	Director or secretary or local agent		
	Individual	The individual		
Lodgement period	Within 14 days after appointing a trust account audito	ſ.		
Lodgement fees	A lodgement fee applies to this form, if lodged by paper. For information on fees refer to www.asic.gov.au/forms.			
Late fees	Late fees will apply if you notify a change outside of the lodgement period. For information on fees refer to www.asic.gov.au/forms.			
Basis of appointment	 You must appoint an auditor within three months after the obligation to maintain a trust account applies to you and within 14 days after appointing the auditor, you must lodge this form. If a person ceases to be your trust account auditor and you are still required to maintain a trust account, you must appoint another auditor within 28 days. Use this form to notify us of the appointment, within 14 days after appointing the new auditor. Where a trust account auditor has resigned – the auditor must first obtain approval from ASIC to their resignation using Form CL18 <i>Australian Credit Licence - Application for approval from ASIC to resign as a trust account auditor</i>. Where the trust account auditor is being replaced - the credit licensee must first obtain approval from ASIC to replace the trust account auditor using Form CL17 <i>Australian Credit Licence - Application for approval from ASIC to replace trust account auditor</i>. ASIC approval is not required to replace a trust account auditor, where the incumbent auditor: dies or otherwise ceases to be registered as an auditor; or is unable to perform their duties as the licensee's auditor. 			
Who can be a trust account auditor	There is no provision to appoint a firm of auditors. You (includes a partner of a firm), or an authorised audit co	r auditor can either be an individual registered company auditor, ompany.		
Further guidance	requirements for ASIC approval to the replacement or www.asic.gov.au/rg.	<i>nd replacement of auditors</i> (RG 26) for further details on the resignation of a trust account auditor. RG 26 is available at <i>rust account obligations as a credit licensee</i> (INFO 136) for 136 is available at www.asic.gov.au/infosheets.		

How to provide additional information	 use A4 size paper of white or light pastel colour with a m show the company name and ACN or ARBN number the pages consecutively print or type in BLOCK letters in dark blue or black ink so mark the annexure with an identifying letter or symbol eg endorse the annexure with the words: <i>This annexure (mark) of (number) pages referred to in for</i> sign and date the annexure 	 You may submit annexures as part of this lodgement. To make any annexure conform to the regulations, you must: use A4 size paper of white or light pastel colour with a margin of at least 10mm on all sides show the company name and ACN or ARBN number the pages consecutively print or type in BLOCK letters in dark blue or black ink so that the document is clearly legible when photocopied mark the annexure with an identifying letter or symbol eg a,b,c or 1,2,3 etc. endorse the annexure with the words: <i>This annexure (mark) of (number) pages referred to in form (form number and title)</i> 			
Privacy	The information provided to ASIC in this form may include pe (www.asic.gov.au/privacy) for information about how we hand to and correct personal information, and to complain about br	dle your personal information, your rights to seek access			
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 informationWebwww.asic.gov.auNeed help?www.asic.gov.au/questionTelephone1300 300 630			