

Attachment 4.5

TRUST ACCOUNT(S) EXEMPTION NOTICE

CONVEYANCERS LICENSING ACT 2003
SECTIONS 53(6) & 57(2)

EXEMPT TRUST ACCOUNTS

This form is to be completed by licensed agents at the time of opening to notify authorised deposit-taking institutions, in accordance with Sections 53(6) and 57(2) of the Act, * for separate Trust Account(s) that are exempt accounts under the provision of section 90 (7) of the Property, Stock and Business Agents Act 2002.

INSTRUCTIONS TO THE LICENSEE:

1. This form is to be completed if the Licensed Entity is opening separate Trust Account(s) of the following type only;
 - * any separate Trust Account opened for a vendor and purchaser of land opened jointly for their exclusive benefit
 - * any other separate Trust Account for the exclusive benefit of the client that is opened **with** the instructions of the client
2. This form should be endorsed by an officer of the authorised deposit-taking institution at the time of lodgement.
3. The **original** is retained by the authorised deposit-taking institution.
4. The **duplicate** must be retained by the Licensed Entity as verification of compliance with sections 53(6) & 57(2) of the Act.

INSTRUCTIONS TO THE AUTHORISED DEPOSIT-TAKING INSTITUTION:

1. The original is retained by the authorised deposit-taking institution.
2. The authorised deposit-taking institution must acknowledge receipt of the original notice by endorsing the duplicate.
3. The duplicate is to be returned to the Licensee.
4. The authorised deposit-taking institution in accordance with sections 53(6) & 57(2) is not required to:-
 - (a) Pay interest to NSW Fair Trading under Section 90 of the Property, Stock and Business Agents Act 2002 , or
 - (b) Provide NSW Fair Trading with any information in accordance with Section 91 of that Act, as these accounts are exempt

Name of Authorised Deposit-Taking Institution: _____

Branch Address: _____ B.S.B. No.: # _____

Name of Licensed Entity: _____ Licence No.: _____

Address: _____

DETAILS OF EXEMPT TRUST ACCOUNT(S);

1. Trust Account Full Name: _____
 _____ Trust Account No.: # _____

2.* Trust Account Full Name: _____
 _____ Trust Account No.: # _____

3.* Trust Account Full Name: _____
 _____ Trust Account No.: # _____

* DELETE IF NOT APPLICABLE.

ENSURE THIS INFORMATION IS COMPLETE AT TIME OF ENDORSEMENT BY THE INSTITUTION.

AUTHORISED DEPOSIT-TAKING INSTITUTION ENDORSEMENT
 Receipt is acknowledged of the original of this notice:-

Lodged By: _____
 (Name of Licensee)

Signature: _____

Date: _____

(Signature and Branch Stamp)

(Date)