(pink form)

TRUST ACCOUNT(S) EXEMPTION NOTICE

PROPERTY, STOCK AND BUSINESS AGENTS ACT 2002
SECTION 86(4)

EXEMPT TRUST ACCOUNTS
This form is to be completed by licensed agents, to notify authorised deposit-taking institutions, in accordance with section 86(4) of the Act, that they are opening * separate Trust Account(s), that are exempt accounts under section 90 (7) of the Act.

INSTRUCTIONS TO THE LICENSEE:

1. This form is to be completed if the Licensed Entity is opening separate Trust Account(s) that are exempt account(s) under section 90(7) of the Act, being the following type of account(s) 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 section 86 (4) 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 is not required to:-
   (a) Pay interest to NSW Fair Trading under Section 90 of the Act, or
   (b) Provide NSW Fair Trading with any information under Section 91, 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.

Lodged By: _____
(Name of Licensee)

Signature: _____

Date: _____

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

_____ _____
(Signature and Branch Stamp) (Date)