



CHANGE OF AUDITOR REQUEST FORM FOR MOTOR VEHICLE DEALERS SELLING ON CONSIGNMENT

**MOTOR VEHICLE DEALERS ACT 1973, SECTION 32C AND 32I
MOTOR VEHICLE DEALERS (SALES) REGULATIONS 1974, REGULATIONS 10C AND 10H**

PART 1 - DEALER'S DETAILS

Entity Name			
Dealer's Licence No.	MD		
Dealer's Email Address			
Dealer's Address			
Reason(s) for Changing Auditors			
Dealer's Signature:		Date	___ / ___ / ___

PART 2 - OUTGOING AUDITOR'S DETAILS

Auditor's Name			
Auditor's Firm Name			
Auditor's Address			
Auditor's Telephone Number			
Auditor's Email Address			
Matters to Disclose to the Commissioner (if any)			
Auditor's Signature		Date	___ / ___ / ___



PART 3 - INCOMING AUDITOR'S DETAILS

Auditor's Name	
Registered Company Auditor Number	
Auditor's Firm Name	
Auditor's Address	
Auditor's Telephone Number	
Auditor's Email Address	

I hereby notify the Commissioner for Consumer Protection of my consent of appointment as auditor of the trust account(s) of the dealer nominated in Part 1 of this form ("the Dealer"). Where the Dealer is an individual, I confirm that I do not have a de facto relationship with the Dealer or anyone working with him or her. Where the Dealer is not an individual, I confirm that I am not related by blood or marriage to, and I do not have a de facto relationship with anyone working with the Dealer. I undertake to disclose to the Commissioner any business dealings I have with or through the Dealer at any time during my appointment as auditor.

Auditor's Signature: _____

Date: _____

Lodge this application by:

- Email: audits@dmirs.wa.gov.au;
- Fax: (08) 6251 2801; or
- Post: Locked Bag 14, Cloisters Square PERTH 6850.