



RENEWAL OF A SALESPERSON REGISTRATION

*Agents Act 2003
Agents Regulation 2003*

REGISTRATION DETAILS		
<input type="checkbox"/> 1 year registration	<input type="checkbox"/> 3 year registration	<input type="checkbox"/> 3 year registration with annual payment
Registration Type	<input type="checkbox"/> Registered Real Estate Salesperson	<input type="checkbox"/> Property Manager

APPLICANT DETAILS

Registration Number - Real Estate	Registration Number - Stock & Station	Registration Number - Business
TITLE (<i>Mr, Mrs, Ms</i>)	GIVEN NAMES	SURNAME
HOME ADDRESS (<i>Property Name, Unit, Flat No, Street Number, Street Name</i>)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
POSTAL ADDRESS (<i>If different to home address</i>)		
CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
()		
WORK TELEPHONE NUMBER	EMAIL ADDRESS	
()		
Conditional Registration Employer Details Name of Licenced Agent supervising your registration.	Supervising Agent's Licence Number	
	184	
Registration Employer Details Name of Licenced Agent you are employed by	Agent's Licence Number	
	184	

Evidence of CPD: Please identify in the Declaration the completion of the compulsory CPD training. Further information about CPD can be found on the Access Canberra website.



RENEWAL OF A SALESPERSON REGISTRATION

*Agents Act 2003
Agents Regulation 2003*

THIS DECLARATION MUST BE COMPLETED

I make the following statements that I meet the requirements of the Agents Act 2003 by answering the questions below

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1 | Do you have any conviction(s) for <u>any offence(s)</u> involving dishonesty, either in Australia or any other country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Are you an undischarged bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | At any time in the last three years have you been an undischarged bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | At any time in the last three years have you applied to take benefit of any law for the relief of bankruptcy to insolvent debtors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | At any time in the last three years have you compounded with creditors or made an assignment of remuneration for their benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | At any time in the last three years were you involved in the management of a corporation when a controller or administrator was appointed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | At any time in the last three years were you involved in the management of a corporation when the corporation became the subject of a winding up order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Do you have a mental incapacity that may affect the exercise of your licensed functions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 | Are you disqualified under a corresponding law from holding an authority (however described) to be a registered salesperson? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Do you hold an authority (however described) under a corresponding law to be an employee of an agent that is suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | Have you contravened, or are you contravening, a provision of the Agents Act 2003, prescribed under the regulations as a disqualifying breach? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Have you completed at least 12 points of Continuing Professional Development (CPD) since your last renewal date, at least 8 points obtained through category 3? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Disqualifying Offences

For the purpose of all application for registration under the Agents Act 2003 a reference to disqualifying offence means any offence or offences involving dishonesty.

I declare that all the information contained in this renewal application is complete, accurate and true to the best of my knowledge and that I understand there are severe penalties for the providing false or misleading information.

SIGNATURE OF PERSON MAKING THIS DECLARATION

Signature of person making the declaration

Date declaration made

Identification cards will be issued with photographs currently held by Access Canberra. If you require a new photograph for your Identification Card please contact our office on 62073000 to arrange an appointment to have your photograph taken and your new card issued.