

# Property Agent

## Application for Renewal of a Licence by a Company

Term of Licence		
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years
Licence Details		
Licensee Name:		
Licence Number:	Expiry Date:	
Licence Category Held (select only one):		
<input type="checkbox"/> Business Agent	<input type="checkbox"/> Conveyancing Agent	<input type="checkbox"/> Real Estate Agent
<input type="checkbox"/> Real Estate and Business Agent		
Applicant Details		
Full Name of Corporation:		
ACN:	ABN:	
Corporation Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Corporation Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Email:	Fax Number:	
Principal Place of Business		
<input type="checkbox"/> Principal Place of Business Address is the same as Corporation Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Email:	Fax Number:	
Name of Business Manager:		
Business Manager Licence Number:		
Does the Corporation use a Business or Trading Name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, provide Business Name, Business Number and Website</i>		
Business Name:		
Business Number:		
Website:		

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Does the Corporation intend to carry on business from more than one office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes, fill in details in section: Details of Other Place of Business</i>		
<b>Details of Other Place of Business (1)</b>		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Name of Business Manager:		
Business Manager Licence Number:		
<b>Details of Other Place of Business (2)</b>		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Name of Business Manager:		
Business Manager Licence Number:		
<b>Note:</b> <i>If more than 2 other places of business need to be recorded, please complete the details on a separate sheet and attach to this application.</i>		
<b>Disclosures</b>		
1. In the last 12 months has there been a change in the directors, general manager or other principal officer of the Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
2. In the last 12 months has the Corporation, a director or other person concerned in the management of the Corporation been the subject of a winding-up order or the appointment of a controller or administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
3. In the last 12 months has any director or person concerned in the management of the Corporation been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		

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4. In the last 12 months has any director or person concerned in the management of the company been found guilty (whether or not in the Territory) of an offence that involves dishonesty or violence or an offence against the <i>Misuse of Drugs Act</i> or the <i>Kava Management Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
5. In the last 12 months has any director or person concerned in the management of the company been disqualified from holding a licence, certificate of registration or had a licence, certificate or other authority suspended under the <i>Consumer Affairs and Fair Trading Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
6. Is any director or person concerned in the management of the company mentally incapable of performing duties of a director or manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
7. Has any director or person concerned in the management of the company failed to pay a monetary penalty payable under this <i>Agents Licensing Act</i> , the <i>Consumer Affairs and Fair Trading Act</i> or corresponding law, or failed to comply with a direction given by the Agents Licensing Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
8. Has the company failed to provide the Board with an auditor's report required under the <i>Agents Licensing Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
<b>Unattested Declaration under the Oaths, Affidavits and Declaration Act</b> <i>(photocopy and complete for each Officers of the Corporation if more than one)</i>		
I, <i>(Full Name)</i>	of: <i>(Address)</i>	
solemnly and sincerely declare that:		
1. All statements and information contained in this application are true and correct to the best of my knowledge;		
2. I have read and understood the information contained in this application; and I further state that:		
3. This declaration is true and correct; and		
4. I know that it is an offence to make a declaration that is false in any material particular;		
This declaration is made at: <i>(Location)</i>		on: <i>(Date)</i>
Signature .....		
<b>Note:</b> A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.		

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#### Supporting Documents

The following documents are required to be lodged with the application:

- Current Company Extract.
- Current Business Name Extract (if applicable).
- Evidence of lodgement of a Criminal History Check with Safe NT for each new Director and each person concerned in the management and control of the company (unless they hold a current licence under the *Agents Licensing Act*).
- Certified copy of current photographic identification for each new Director and each new person concerned in the management and control of the company.

#### Application Notes

**Please read the below notes before you submit your application to renew a licence as a company.**

The following supporting documentations must be provided with this application:

- a current company extract.
- a current business name extract.
- a completed and signed unattested declaration, available in the 'Unattested Declaration' section above.

If there have been changes to the Officers of the Corporation you must fill in the form for Notification of New Officer of the Corporation at Page 5 below and provide the following for each new Officer of the Corporation (a director or officer with substantial control of the company) you must provide:

- a current drivers licence or passport.
- evidence that a [Criminal History Check Application](https://nt.gov.au/industry/licences/police-and-probity-checks-for-licensing) (https://nt.gov.au/industry/licences/police-and-probity-checks-for-licensing) has been lodged; a charge applies for this application.
- a referee statement completed by an authorised person, available in the 'Referee Statement' section above.
- a completed disclosure, available in the 'Disclosures' section above.
- a completed and signed unattested declaration, available in the 'Unattested Declaration' section above.

More information and a schedule of **FEES** is available at <https://nt.gov.au/industry/licences/real-estate-business-and-conveyancing-agents>

#### Privacy Statement

The Northern Territory Government complies with the Information Privacy Principles scheduled by the *Information Act*.

#### Fees and Payment

Contact your local Territory Business Centre for the relevant schedule of fees.

Cash – Territory Business Centre

Cheque - payable to **Receiver of Territory Monies (RTM)**

Credit card Visa  MasterCard

Name on Card

Credit Card Number \_ \_ \_ \_ \_

Credit Card Expiry Date \_ \_ / \_ \_ (MM/YY)

I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$

Amount in words

Signature .....

Date

Contact Phone Number

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Notification of a New Director or Officer of the Corporation

<p align="center"><b>Complete the following sections for a <u>New Officer of the Corporation</u>.</b> <b>If there is more than one <u>New Officer of the Corporation</u>, photocopy and complete the following sections for each officer. Attach the additional pages when you submit your application.</b></p>		
<p><b>Officer of the Corporation</b> <i>(photocopy and complete for each new Officer of the Corporation if more than one)</i></p>		
<p>Details of each new Director of the company and each person who substantially controls or could substantially control the affairs of the company.</p>		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:		
Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Other (please specify) .....		
<p><b>Postal Address and Contact Details</b> <i>(photocopy and complete for each new Officer of the Corporation if more than one)</i></p>		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
<p><b>Referee Statement</b> <i>(photocopy and complete for each new Officer of the Corporation if more than one)</i></p>		
<p>Each new Director of the company and each person who substantially controls the affairs of the company must have Referee Statement completed by an Authorised Person (Refer to page 7).</p>		
Referee Statement provided by: <i>(Full Name)</i>		
of: <i>(Address)</i>		
Suburb:		
Position Title:		
declare that I have known: <i>(Applicant Name)</i>		
for <i>(insert number of years)</i> year(s) and that in my opinion he/she is a person of good fame and character.		
Referee Signature		Date of Declaration:
<p><b>Disclosures</b> <i>(photocopy and complete for each new Officer of the Corporation if more than one)</i></p>		
1. In the 10 years immediately before applying for the licence, have you been found guilty <input type="checkbox"/> Yes <input type="checkbox"/> No (whether or not in the Territory) of an offence that involves dishonesty or violence or an offence against the <i>Misuse of Drugs Act</i> or the <i>Kava Management Act</i> ?		
<i>(If yes, please provide relevant details)</i>		
2. Are you an undischarged bankrupt or have you applied to take the benefit of any law for <input type="checkbox"/> Yes <input type="checkbox"/> No the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit?		
<i>(If yes, please provide relevant details)</i>		

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## Notification of New Director or Officer of the Corporation

3. Are you mentally incapable of performing duties as an agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
4. Are you disqualified from holding a licence, certificate of registration or had a licence, certificate or other authority suspended under the <i>Consumer Affairs and Fair Trading Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
5. Have you failed to pay a monetary penalty payable under this <i>Agents Licensing Act</i> , the <i>Consumer Affairs and Fair Trading Act</i> or corresponding law, or failed to comply with a direction given by the Agents Licensing Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
6. Are you in breach of a provision of the <i>Agents Licensing Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
<b>Unattested Declaration under the Oaths, Affidavits and Declaration Act</b> <small><i>(photocopy and complete for each new Officers of the Corporation if more than one)</i></small>	
I, <i>(Full Name)</i>	of: <i>(Address)</i>
solemnly and sincerely declare that:	
1. All statements and information contained in this application are true and correct to the best of my knowledge;	
2. I have read and understood the information contained in this application; and I further state that:	
3. This declaration is true and correct; and	
4. I know that it is an offence to make a declaration that is false in any material particular;	
5. I authorise the Department of the Attorney General and Justice to make any enquiries and to receive and disclose any information relevant to this application;	
6. I acknowledge that specific information will be placed on public register in accordance with the <i>Agents Licensing Act</i> ;	
7. I acknowledge that if licensed, the Corporation will be required be insured under an approved indemnity insurance policy within the meaning of section 108A of the Act, for the whole period of the licence, unless exempted;	
8. I acknowledge that if licensed, the Corporation will be required to open a trust account(s) at an ADI or the Territory Insurance Office within 7 days of the grant of the licence and provide the Registrar with notification of the account(s), unless exempted.	
This declaration is made at: <i>(Location)</i>	on: <i>(Date)</i>
Signature .....	
<b>Note:</b> A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.	

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### Notification of a New Director or Officer of the Corporation

#### Authorised Persons

The Referee Statement is a character reference and must be completed by an authorised person who is:

- I. a person authorised by the Oaths Act to administer an oath for any purpose;
- II. a Justice of the Peace;
- III. a commissioner for declarations appointed by the Attorney-General of the Commonwealth under the Statutory Declaration Act 1959 of the Commonwealth;
- IV. a legal practitioner;
- V. a member of the Northern Territory Police Force;
- VI. a bank manager;
- VII. a judge;
- VIII. a magistrate;
- IX. a notary public;
- X. a Registrar appointed under the Local Court Act;
- XI. a master appointed under the Supreme Court Act;
- XII. a commissioner for taking affidavits in the Supreme Court of a State or Territory;
- XIII. a licensed agent;
- XIV. a person registered or enrolled under the Health Practitioners Act , (e.g. Medical Practitioner, Pharmacist, Dentist, Registered Nurse etc.);
- XV. a person registered as a teacher under the Teaches Registration (Northern Territory) Act;
- XVI. a person who holds an office, appointment or authority in a State or Territory equivalent to any of those specified in (i) to (xv).

The person completing the Referee Statement **must not be a relation** as defined under Regulation 17(2) of the Agents Licensing Regulations and must have known the person to whom the testimonial relates for a period of not less than 12 months.

#### Lodgement Options

Applications can be lodged at a Territory Business Centre with the prescribed fee at:

##### **Darwin**

Darwin Corporate Park  
Ground Floor, Building 3  
631 Stuart Highway  
Berrimah  
GPO Box 9800  
Darwin NT 0801  
t: (08) 8982 1700  
f: (08) 8982 1725  
Toll free: 1800 193 111

e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au)

##### **Katherine**

Shop 1, Randazzo Building  
18 Katherine Terrace  
Katherine  
PO Box 9800  
Katherine NT 0851  
t: (08) 8973 8180  
f: (08) 8973 8188

e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au)

##### **Tennant Creek**

Shop 2, Barkley House  
Cnr Davidson and Paterson Streets  
Tennant Creek  
PO Box 9800  
Tennant Creek NT 0861  
t: (08) 8962 4411  
f: (08) 8982 1725

e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au)

##### **Alice Springs**

Ground Floor, The Green Well Building  
50 Bath Street  
Alice Springs  
PO Box 9800  
Alice Springs NT 0871  
t: (08) 8951 8524  
f: (08) 8951 8533

e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au)