



**CONSIGNMENT TRUST ACCOUNT INFORMATION  
FOR A LICENSED MOTOR VEHICLE DEALER**

**TRUST ACCOUNT INFORMATION**  
*Motor Vehicle Dealers Act 1973, Section 32c*

**NB:** Dealers are required to inform the Commissioner for Consumer Protection as soon as practicable when a Trust Account is opened, closed or amended.

**To: The Commissioner for Consumer Protection.**

The following Consignment Trust Account has been:

*Please tick one*

**OPENED**

**CLOSED**

**AMENDED**

*Date done:*

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**FULL TITLE OF TRUST ACCOUNT** (The entity name, trading name, dealer's licence number and the words "consignment trust account" must form part of the bank account name)


**NAME OF FINANCIAL INSTITUTION**

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**ADDRESS OF FINANCIAL INSTITUTION**


**ACCOUNT NUMBER** (Please include BSB Number)

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**Bank / State / Branch**

**Account Number**

**PLEASE ATTACH A COPY OF A BANK STATEMENT SHOWING THE ABOVE DETAILS**

Name of Dealer:	
Signature of Dealer:	
Dealers Licence Number:	
Date:	

You can lodge this form to the Licensing Branch by facsimile to: 08 9282 4363, by email to: [licensingenquiries@commerce.wa.gov.au](mailto:licensingenquiries@commerce.wa.gov.au) or post to: Locked Bag 14 Cloisters Square WA 6850