

TRUST ACCOUNTS

FORM TA5 - NOTICE OF NO TRUST ACCOUNT REVIEW

When to use this form

use this form to notify QBCC that you have NOT engaged a registered company auditor to review your trust account and the reasons why you are not required to do so. You must notify the QBCC within **10 business days** of the end of the review period.

Failing to notify QBCC of a trust account or providing false or misleading information to the QBCC about a trust account are both serious offences and can result in a fine or imprisonment.

APPLICABLE LEGISLATION

Notification made under section 57 of the
Building Industry Fairness (Security of Payment) Act 2017.

PRIVACY NOTICE

The QBCC is collecting personal information on this form to regulate trust accounts. This is authorised by the *Building Industry Fairness (Security of Payment) Act 2017* (BIF Act).

The QBCC must keep a register of trust accounts. The QBCC may publish information about trust accounts as determined by the Commissioner and may report statistics to other agencies. The QBCC Privacy Policy contains full use and disclosure details.

All information held by the QBCC may be subject to application for access under the *Right to Information Act 2009* or the *Privacy Act 2009*.

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – any amendments should be crossed out and initialled.

Return your fully completed form and ALL required documents by:

Post: GPO Box 5099, Brisbane QLD 4001

In person: [QBCC Service Centres](#) are listed on our website qbcc.qld.gov.au

1. TRUSTEE DETAILS

Trustee name																												
Business address																												
Suburb																												
Postcode					State				Phone																			
Email																												

2. RETENTION TRUST ACCOUNT DETAILS

Trust account name																												
Name of financial institution																												
BSB					Account number																							

3. DECLARATION

- An account review is not required for the review period <Date> to <Date>
- No retention amount was held in the retention trust account during the review period.
- I am the trustee or a person authorised to act on behalf of the trustee.
- The information I have provided in this form is, to the best of my knowledge, true and accurate.
- I have read and understood the Privacy Notice on page one of this form.

Full name of person making declaration																												
Position of person making declaration																												
Signature															Date	D	D	/	M	M	/	Y	Y	Y	Y			
On behalf of: Trustee name																												