

TRUST ACCOUNTS

FORM TA7 - NOTICE OF RETENTION TRUST ACCOUNT ADMINISTRATOR

WHEN TO USE THIS FORM

Use this form to nominate a person who is responsible for administering your retention trust account. This person must complete the mandatory retention trust training.

- Also use this form to change the nominated person or nominate an additional person.
- The person you nominate can be an employee of the trustee or a third party. For more information, refer to the Trustee guide- retention trusts.
- The QBCC will use the information provided in this form to ensure that the appropriate persons complete the relevant training for administering retention trust accounts.

Providing false or misleading information to the QBCC about a trust account is an offence and may result in a fine or imprisonment.

GOVERNING LEGISLATION

Notification made under section 41 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 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 – cross out and initial amendments.

Return your fully completed form and ALL required documents by:

Post: GPO Box 5099, Brisbane QLD 4001

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

1. TRUSTEE DETAILS

Trustee name																												
ABN																												
ACN																												
QBCC licence number																												
Business address																												
Suburb																												
Postcode					State				Phone																			
Email																												

2. RETENTION TRUST ACCOUNT DETAILS

Account name																												
Name of financial institution																												
BSB number							Account number																					
Date opened	D	D	M	M	Y	Y	Y	Y																				

3. NOMINATION DETAILS

Are you notifying about **starting** an account administrator nomination?

Yes No

Start date

D	D		
		M	M
		Y	Y
		Y	Y

 /

 /

First name

Surname

Email

Mobile

Has retention trust training been completed?

Yes Date

D	D		
		M	M
		Y	Y
		Y	Y

 /

 /

No **The retention trust training must be completed within 20 business days of nomination.**

Are you notifying about **ending** an account administrator nomination?

Yes No

End date

D	D		
		M	M
		Y	Y
		Y	Y

 /

 /

First name

Surname

Email

Mobile

4. DECLARATION

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 two of this form.

Full name of person making declaration

Position of person making declaration

Signature

Date

D	D		
		M	M
		Y	Y
		Y	Y

 /

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On behalf of: Trustee name