

REQUEST FOR DETERMINATION OF STATUTORY DEPOSIT



PRACTICE DETAILS

Name of law practice:

Address

Street number and name:

Suburb:

State:

Postcode:

Contact details

Phone:

Fax:

Email address:

The above law practice requests a determination of the amount of statutory deposit that is required to be held for the applicable period ending

Date:

The reason(s) for the request for a determination being that the calculated amount has or will cause (Tick where appropriate):

- An overdraw of the trust authorised ADI statement balance
- An overdraw of the trust cash book balance
- Insufficient funds to operate the general trust account

TRUST ACCOUNT DETAILS

The practice's general trust account details are as follows:

Total amount required to be held on statutory deposit as per calculation:

Amount currently held:

Adjustment required:

Please provide the following information regarding the general trust account:

The latest trust authorised ADI statement balance as at

Date:

is

\$

The latest trust cash book balance as at

Date:

is

\$

The latest trust trial balance total as at

Date:

is

\$

Having determined that the law practice is unable to deposit the required amount as stated above, I nominate that a total amount of statutory deposit be held,

\$

requiring an increase (decrease) adjustment to the current statutory deposit balance.

\$

Other information which may be relevant to the determination:

Signed/Name:

Dated: