



# Real Estate Agents Disciplinary Tribunal

For more information visit [www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals)

READT no: \_\_\_\_\_

## Response to Charge

### What is this form for?

Use this form to respond to any charge(s) laid by the Complaints Assessment Committee. You must file your response within 10 working days of receiving notice of the charge(s).

### Important Information

1. Please print in CAPITAL LETTERS.
2. You need to submit this application, by post or in person to the Real Estate Agents Disciplinary Tribunal (the Tribunal). The address is at the end of this form.
3. You must attach a copy of the charge(s) you are responding to.
4. If your address or contact details change you must give written notice to the Tribunal and the party that laid the charge(s).
5. If your representative's address or contact details change you must give written notice to the Tribunal and other parties to the charge(s).

Please fill in all sections below

### Part 1: Respondent

Surname(s)

First name(s)

Company name (if applicable)

#### Real Estate licence details

Licence number

Is your licence current? (please tick)

Yes

No

Class of licence (please tick)

Agent (individual agent or company agent)

Branch Manager

Salesperson

#### Contact details

Address for service (this cannot be a PO Box)

Post code

Daytime contact phone number ( )

Mobile

Email address

## Part 2: Hearing

Do you or your nominated person wish to be heard by the Tribunal in relation to this charge(s)?

(Please tick one)

Yes

No

## Part 3: Representation

If you wish to be represented, please complete the following:

**Please note:** If you choose to be represented, all communication will be to your nominated person only.

Name

Company name (if applicable)

Is your representative a lawyer? (Please tick one)

Yes

No (you will need to complete an 'Authority to Act' form available at [www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals), or by phoning the Tribunal).

Contact details

Address for service (this cannot be a PO Box)

Post code

Daytime contact phone number ( )

Mobile

Email address

## Part 4: Charge(s)

Complaints Assessment Committee number

Date of charge / / (day / month / year)

Charge reference number

## Part 5: Response to charge(s)

Please complete for all charges you are responding to. If you are responding to more than 3 charges, please attach a separate sheet per charge and ensure you number your charges.

Name of charge:

Please tick one:

Charge 1

Admit

Deny

Charge 2

Admit

Deny

Charge 3

Admit

Deny



