# Claim for compensation from the Victorian Property Fund- Conveyancers

**The Victorian Property Fund (VPF)** provides compensation for individuals and corporations when an estate agent, conveyancer or their respective representative has misused or misappropriated trust money or property in the course of their work. Such misuse or misappropriation is known as **defalcation.**

**Examples of Defalcation**

A defalcation has occurred if a conveyancer has misused money or other property requiring the safe-keeping in a normal conveyancing business.

This includes, a conveyancer failing to pass on stamp duty held in trust on behalf of a client or a conveyancer misappropriating cheque drawn for settlement.

**How much can a person claim**

The amount a person can claim is the amount of actual pecuniary loss suffered, including costs incidental to the making of the claim (legal costs), this is the amount you would have received if the defalcation had not occurred.

**Note:** You cannot make a claim simply because you believe the agent or conveyancer acted unprofessionally, gave bad advice, or misrepresented the property.

How to lodge this claim

1. **Email:** [vpfclaims@justice.vic.gov.au](mailto:consumer@justice.vic.gov.au)

* If lodging via email, please ensure all attached supporting documents are in the correct file format (PDF, JPEG, Word document)

1. **Post:** Consumer Affairs Victoria, GPO Box 123, Melbourne VIC 3001

For further information on the application process, please call Consumer Affairs Victorian on 1300 55 81 81 (9:00am to 5:00pm, Monday to Friday except public holidays).

**Privacy**

Consumer Affairs Victoria collects and handles your personal information consistent with the requirements of the *Privacy and Data Protection Act 2014*. Where you do not provide the information required by this form, we may refuse or be unable to process this transaction. We may need to disclose your personal information to other State and Commonwealth Agencies. For more information

# Claim for compensation from the Victorian Property Fund- Conveyancers

Only use this form if you are claiming funds in relation to a claim against a conveyancer. Other relevant claim forms are available on [Compensation claims - property](https://www.consumer.vic.gov.au/housing/buying-and-selling-property/compensation-claims).

1. Details of claimant(s)

|  |  |
| --- | --- |
| Claimant’s full name  (Claimant 1) |  |
| Preferred contact number |  |
| Email address |  |
| Claimant’s address  (For correspondence) |  |
| Claimant’s full name  (Claimant 2) |  |
| Preferred contact number |  |
| Email address |  |
| Claimant’s address  (For correspondence) |  |

1. Details of conveyancer (licensee)

|  |  |
| --- | --- |
| Licensee’s full name or company name and Australian Company Number (ACN) (Licensee 1) |  |
| Licensee’s contact details | Telephone no.:  Email address: |
| Licensee’s business address |  |
| Licensee’s licensing identifier  (Can be found via [Search of the conveyancer’s public register](https://registers.consumer.vic.gov.au/easearch)) |  |
| Licensee’s full name or company name and Australian Company Number (ACN) (Licensee 2) |  |
| Licensee’s contact details | Telephone no.:  Email address: |
| Licensee’s business address |  |
| Licensee’s licensing identifier  (Can be found via [Search of the conveyancer’s public register](https://registers.consumer.vic.gov.au/easearch)) |  |

1. Details of your claim
2. Please provide the following transaction details (where relevant)-

|  |  |
| --- | --- |
| Address of relevant property |  |
| How did you engage the services of the licensee?  (For example- used previously, recommended by friends/family or saw business advertised) |  |
| Do you have a costs disclosure statement or engagement letter?  (Y/N) |  |
| If no cost disclosure statement/engagement letter was provided, how did you discuss the services of the licensee and the associated fee/s? |  |
| What date was the contract of sale signed by you and the other party?  (dd/mm/yyyy) |  |
| When did settlement occur?  (dd/mm/yyyy) |  |
| Please provide a brief outline of the circumstances that have resulted in you making this claim  (For example- failure by the conveyancer to transfer title of the property into your name or payment of money to conveyancer for charges that were not then paid by the conveyancer- such as owners’ corporation fees, council rates etc.) |  |

1. Please provide details of the payments made to the licensee-

|  |  |
| --- | --- |
| What was the total amount paid to the licensee? | $ |
| Please provide a breakdown of the amount/s paid to the licensee  (Please list each instalment paid to the licensee, the date it was paid, the method of payment and the reason for the payment- (e.g. purchase price of the property, stamp duty, council rates, owners’ corporation fees etc) |  |
| What instructions were provided by the licensee regarding payment?  (For example- did they ask for instalments or a single sum? How did they ask you to pay? Did they request additional payment throughout the transaction?) |  |
| Has the licensee refunded any of the monies to you?  (If yes, please include amount, date and method of each repayment) |  |

1. What is the total amount you are claiming?

Please note- you can only claim “pecuniary loss” from the Victorian Property Fund. This means the actual amount of money lost, caused by the licensee’s defalcation, misappropriation or failure to account. This means you cannot claim for services that were carried out and you must also account for any amounts the licensee has returned to you.

|  |  |
| --- | --- |
| Total amount claimed | $ |
| Please provide a brief breakdown of how you have calculated your loss-  (For example-  $1,500.00 transferred to conveyancer for transfer of title- services not carried out  $700.00 transferred to conveyancer for owners’ corporation fees- payment not made to owners’ corporation  $1,200.00 transferred to conveyancer for payment of rates to local council- rates still outstanding  $11,600.00 transferred to conveyancer as payment for stamp duty- payment not made to State Revenue Officer  Total loss=  $1,500.00 + $700.00 + $1,200.00 + $11,600.00  = $15,000.00 |  |

1. Steps taken to recover loss

|  |  |
| --- | --- |
| Please provide a brief timeline of your attempts to contact the licensee or other related party about this matter  (For example- dates, method of communication- email, text, phone call- and overview of discussion) |  |

1. Further supporting documentation
2. Please mark (“x”) against the supporting documents you intend to provide in further support of your claim-

|  |  |
| --- | --- |
| Costs disclosure statement, engagement letter or confirmation licensee was acting on your behalf during transaction |  |
| Contract of Sale |  |
| Proof of all monies paid to the licensee  (Receipts, bank statements or cheque stubs) |  |
| Trust account receipts, ledgers or account invoices and statements provided by licensee |  |
| Statement of adjustment/settlement |  |
| Proof of licensee’s failure to render services/make payment as required  (Notice of outstanding rates from council, proof notice of owed owners’ corporation fees, utility company bills or State Revenue Office notice) |  |
| Copies of all relevant correspondence between yourself, the licensee and any other related party |  |
| Other  (Please provide details of documents and how these relate to claim) |  |

1. Certification and signature(s) of claimant(s)

I certify that:

* the particulars (information) contained in this claim are true and correct and I understand that it is an offence to make and or use a false document
* I understand that if I lodge this form by email, Consumer Affairs Victoria will accept this communication as containing my signature for the purposes of the *Electronic Transactions (Victoria) Act 2000*.
* I acknowledge that the information contained in this claim will be provided to the person/s against whom the claim is made and may be provided to other agencies or bodies for the purpose of assisting Consumer Affairs Victoria to obtain any other information necessary in dealing with this claim.

|  |  |
| --- | --- |
| Claimant’s full name |  |
| Signature of claimant 1  (Type if lodging electronically) |  |
| Date  (dd/mm/yyyy) |  |
| Claimant’s full name |  |
| Signature of claimant 1  (Type if lodging electronically) |  |
| Date  (dd/mm/yyyy) |  |