Strictly Confidential

Notification of intention to conduct bingo sessions

CCO091224

	Address
Full name of the community or charitable organisation	
Please tick appropriate box:	
has been declared as a community or charitable organisation (Declaration number:)	Postcode
If the organisation has been previously declared as a community or charitable organisation, has there been any change in its constitution or statement of purposes since that time?	Contact number: Position held in organisation:
YES NO	1 ostaon nota in organisation.
If YES , has advice of the change/s been lodged with this notification form?	Signature:
or YES	X Date:
seeks to be declared as a community or charitable organisation	Signature of witness:*
If the organisation has not been previously declared as a community or charitable organisation, a completed application form to obtain the declaration must also be enclosed.	XSignature of witness
Is an application form to obtain the declaration attached?	, and the second
YES	Name of witness:
Section 1: Nomination by community or charitable organisation	* Any adult can be a witness Relationship to person making declaration
To be completed by a member of the board of directors/committee of management other than the nominee. On behalf of the board of directors/committee of management of:	
Full name of the community or charitable organisation I, the undersigned:	Privacy Policy Statement - The VGCCC is committed to responsible and fair handling of personal information consistent with the <i>Privacy and Data Protection Act 2014</i> and its obligations under the
(a) give notice of intention to conduct bingo sessions	Gambling Regulation Act 2003.
(b) nominate the person shown in Section 2 of this form as the nominee	Confidentiality Provisions - Information provided in your application must not be disclosed by the
(c) declare that the contents of this notice are true and correct.	VGCCC or its staff to someone else, except for the
First Name	purposes provided for under Division 6 of Part 10 of the Act. You may access these provisions at vgccc.vic.gov.au
Middle Name(s)	
Surname	





Victorian Gambling

and Casino Control

Commission

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Section 2: Details of proposed nominee	Section 3: Details of proposed bingo sessions	
Nominee's personal particulars: First Name	Premises where bingo sessions will be conducted: Venue name:	
Middle Name(s)	Venue address:	
Surname	Postcode	
Date of birth: / /	Session Details: The proposed date of the first session is: / /	
Residential address: Postcode Postal address: (if same as residential address, write 'as above')	(1) Day of week:	
Postcode	(2) Day of week:	
Contact details: Contact number:	Have further details been provided on an attachment page? YES NO	
Email address: Identification required with this notification: You must	Rules of bingo: Please tick the relevant box below to notify which of the approved rules of bingo will be played (Note: Refer to the VGCCC's website for details of the approved rules) –	
provide a photocopy of ONE of the following: Driver's licence Birth certificate Passport	Standard rules	



²Weekly / fortnightly / monthly / once off



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banking details	ole organisation's
Full name of account	
Financial institution	
Branch	
A constant assumption	
Account number	
Section 5: Consent and declarati	on of nominee
I consent to my nomination to act as nomin sessions on behalf of the community or chanamed in this notification and declare that: (a) I acknowledge that I am personally resconduct of sessions of bingo and will erconducted in accordance with the Gam 2003 and relevant Regulations, and	aritable organisation ponsible for the sure that it is
(b) All statements contained in or accompatine and correct.	anying this notice are
Signature of nominee:	
X	Date:
Signature of nominee	1 1
Signature of witness:*	
X	
Signature of witness	
Name of witness:	
* Signature of nominee of community or charital bingo centre operator' nominee (if licensee is	
Relationship to person making declaration	:





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Attachment Page

NOTE:

This attachment page is provided for additional information that requires more space than that provided in the original question. Precede your entry with the question number and title to which the additional information relates.

Please copy if additional attachment pages are required.			
Have you used an additional attachment page to p	provide any further information?	YES NO	

