WAB031224

This package contains the application and information material for a corporate bookmaker.

Send application via email to:

contact@vgccc.vic.gov.au

#### **Privacy Policy Statement**

The VGCCC is committed to responsible and fair handling of personal information consistent with the *Privacy and Data Protection Act 2014* and its obligations under the *Gambling Regulation Act 2003*.

#### **Confidentiality Provisions**

Information provided in your application must not be disclosed by the VGCCC or its staff to someone else, except for the purposes stated in Division 6 of Chapter 10 of the *Gambling Regulation Act 2003*. To access these provisions go to vgcccc. vic.gov.au.





The f	following documentation, where applicable, <b>must</b> be submitted with this application:
	A <b>copy</b> of the corporation's Certificate of Incorporation
	A <b>copy</b> of the Constitution/Replaceable Rules
	A <b>copy</b> of the minute or resolution appointing the officer authorised to apply for registration as a bookmaker on behalf of the corporation
	A <b>copy</b> of independent documentation concerning any court outcome or, if settled out of court, a copy of any settlement agreement
	Historical organisational extract from the Australian Securities and Investments Commission – refer to website
	Associated Individual and/or Associated Entity forms, as identified
	A corporate family tree/structure, if applicable
	An Accountant or Auditors statement
	Summary of Financial information
	A Financial Institution letter
	A list of creditors
	Business credit report
	A <b>copy</b> of the Trust Deed
	Consent for release of information by Law Enforcement Agencies form
	Financial information release form
	A document relating to the applicant's Responsible Gambling Code of Conduct
	Obtain and attach the Victorian Bookmakers Association Bond guarantee
	A <b>copy</b> of the business plan including financial projections for the first 3 years and governance and compliance framework, experience in managing a business, accepted methods of accepting gambling payments and proportions (cash etc), where and how the business is to operate.





## Strictly Confidential

# Bookmaker registration – corporation

Corporation Details	5) Corporation's registered office address and contact details.
1) This application is a:	
New registration pack	
Renewal registration pack	
a. Apply online	
On course	Contact number:
Both	
<b>b.</b> Will you be using a bookmaker key employee?	Face will and always
	Email address:
YES NO	
Name/s	4) Postal address (if same as Q3, write 'as above'):
Full name of the corporation:	
Date of incorporation (day/month/year):	
Australian Company Number (ACN):	5) a. Has the corporation operated under any other business name/s?
Australian Business Number (ABN):	YES NO
	<b>b.</b> Does it intend to operate under any other business
Note: A copy of the corporation's Certificate of Incorporation	name/s?
and a <b>copy</b> of the Constitution/Replaceable Rules must be	
attached.	YES NO
Is a copy of each of these documents attached?	If <b>NO</b> , proceed to Q6. If <b>YES</b> , provide details below:
YES NO	
2) Is the corporation linked to any other gambling licence/	
registration?	
YES NO	
If <b>YES</b> , please provide details below:	
Type of association:	<b>Note:</b> A <b>copy</b> of the section 23 certificate under the <i>Business</i>
	Names Act 1962 for each business name listed at Q5 must be
Entity associated with:	attached.
	Is a <b>copy</b> of relevant certificate attached?
State or country of operations:	YES NO
State of Country of operations.	
	Have further details been provided on an attachment page?
Have further details been provided on an attachment page?	YES NO
YES NO	
Victorian Gambling T: 1300 599 759 E: contact@vgccc.vic.gov.au	VICCC





and Casino Control Commission

changed in the last 3 years?	
	First name:
YES NO	
If <b>NO</b> , proceed to Q7. If <b>YES</b> , provide details below:	Middle name/s:
Name changed from:	
	Surname:
Name changed to:	
	Note: The nominee must provide a copy of the minute or
Date of change (dd/mm/yyyy):	resolution authorising them to apply for registration as a bookmaker on behalf of the corporation and complete an approval as a nominee of a corporation form.
Name changed from:	Legal Action
Name changed to:	9) Has the corporation ever been the defendant/respondent to any legal action in the past 10 year (including in progress)?
Date of change (dd/mm/yyyy):	YES NO
	If <b>NO</b> , proceed to Q10. If <b>YES</b> , provide details below:
Have further details been provided on an attachment page?	Number of occurrences:
VEC. NO	
YES NO	Nature of legal action:
7) Name of corporation's authorised officer:	
First name:	
Middle name/s:	
	Plaintiff:
Surname:	
	Jurisdiction*:
Position held (e.g. company director/secretary):	
	Result/Settlement:
Contact number:	
	Court or tribunal where matter was or is being heard (if known):
Email address:	
	Case number issued by court/tribunal (if known):
<b>Note:</b> The authorised officer <b>must</b> provide a <b>copy</b> of the	
minute or resolution authorising them to apply for registration as a bookmaker on behalf of the corporation and complete	Date of delivery of judgement (if known):
an Associated Individual form.	* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality

T: 1300 599 759 E: contact@vgccc.vic.gov.au





agreement must be provided, regardless of whether any a. If the application was granted/approved or is still pending, terms of the agreement are confidential. provide details below: Is a copy of the court outcome or settlement agreement Type of licence, approval etc: attached? YES NO Licence No. (if known): Have further details been provided on an attachment page? Name of Racing/Gaming Regulator (if known): YES NO 10) Is there any legal action being currently pursued against the corporation? Name shown on licence, approval etc: YES Licence/approval association date (mm/yyyy): If **NO**, proceed to Q11. If **YES**, provide details below: to Nature of legal action: Have further details been provided on an attachment page? YES NO **12) a.** Has the corporation ever been the subject of disciplinary action, regulatory breaches, enforcement action or had an application for any licence or permit refused? Plaintiff: YFS NO If **NO**, proceed to Q13. If **YES**, provide the following details: Jurisdiction\* Number of occurrences: Court or tribunal where matter was or is being heard (if known): Type of licence, approval etc: Case number issued by court/tribunal (if known): Jurisdiction\*: Next scheduled hearing date: **b.** If the application was refused or withdrawn, provide details below: Have further details been provided on an attachment page? Reason for refusal or withdrawal: YES **Racing and Gambling History** 11) Has the corporation ever applied for any racing or Type of licence approval etc. sought. gambling industry licence, approval, permit, authorisation, registration etc in any jurisdiction? YES NO Date of application (mm/yyyy): \* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality Victorian Gambling T: 1300 599 759 E: contact@vgccc.vic.gov.au

A copy of independent documentation concerning the court

outcome or, if settled out of court, a copy of the settlement



If NO, proceed to Q12. If YES, provide the following details for

each application over:



Commission

and Casino Control

Name of Racing/Gaming Regulator (if known):	Nature of offence:
Details of reason for refusal or withdrawal of request:	City or Town:
	city of fown.
	Date (dd/mm/yyyy):
	Court/Tribunal etc:
Have further details been provided on an attachment page?	
	Jurisdiction*:
YES NO	Softsaretion .
Licence No (if known):	
	Result of Hearing or other Disposition:
Name of Racing/Gaming Regulator (if known):	
	If the ownership/management structure has changed from
Details of action taken or any special conditions or restrictions	that at the time of the offence/s, describe how:
imposed on a licence, approval etc:	
	Have further details been provided on an attachment page?
Have further details been provided on an attachment page?	YES NO
YES NO	14) Has the corporation ever been investigated by a
c. List all regulatory history (if applicable).	regulatory body or law enforcement agency? (e.g. ASIC,
3 3 11 7	APRA, ACCC)"
	YES NO
	If <b>NO</b> , proceed to Q15. If <b>YES</b> , provide the following details:
	Number of occurrences:
	Nature of investigation or charge:
Charges, Findings of Guilt and Convictions	Nature of investigation of charge.
<b>13)</b> Has the corporation ever been charged with, or found	
guilty of, a criminal offence, or been investigated by a law	
enforcement agency for an alleged of.fence against the corporation?	
YES NO	
If <b>NO</b> , proceed to Q14. If <b>YES</b> , provide the following details:	City or Town:
Number of occurrences:	
	Jurisdiction*:
* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality	





Have further details been provided on an attachment page?	ii. Intended race meetings:
YES NO	
<b>15)</b> Has the Corporation ever taken part in a diversion program?	
YES NO	
If <b>NO</b> , proceed to Q16. If <b>YES</b> , provide the following details:	
Number of occurrences:	iii. Bet types:
Nature of investigation or charge:	
City or Town:	
	iv. Telephone usage:
Jurisdiction*:	
Have further details been provided on an attachment page?	
YES NO	
Corporate structure and establishment of associates	v. Workload rosters:
IMPORTANT INFORMATION	
Historical Organisational Extract from the Australian Securities and Investments Commission (ASIC)	
All corporations incorporated under Australian	
Corporations Law <b>must</b> lodge with this application form an historical organisational extract from ASIC (refer to vgccc.	vi. A copy of the business plan including the following content
vic.gov.au).	vi. A copy of the business plan including the following content financial projections for the first 3 years, a governance
<b>16)</b> Is the Historical Organisational Extract or an overseas equivalent report attached?	and compliance framework, experience in managing a business, accepted methods of accepting gambling payments and proportions (cash etc), where and how the business is to operate.
YES NO	
<b>17)</b> Provide below details of the corporation in relation to the following aspects of its scale of operations:	<b>18)</b> Detail below any individuals or entities entitled to receive from the corporation, directly or indirectly, any
i. Estimated gross turnover for the next financial year (\$):	compensation (excluding wages and salaries) or benefit based on a percentage or share of the proceeds of gambling:
ii. Intended race meetings:	Name:
	Name:
	Name:
* "Jurisdiction" means the State or Territory and, if outside Australia, the country	
and locality	





<b>Note:</b> You will be notified should any persons and/or entities	Surname:
named in response to Q18 need to complete an appropriate associate form.	
	Position Held:
Have further details been provided on an attachment page?	
YES NO	First name:
19) Does the corporation have an ultimate holding company	
(as defined below)?	NOTE:
	Middle name(s):
YES NO	
If <b>NO</b> , proceed to Q20. If <b>YES</b> , provide the holding company's name:	Surname:
	Position Held:
<b>Note:</b> A corporate family tree detailing the relationship of the	
corporation to any subsidiary, parent and related entities <b>must</b> be provided, if such a structure exists.	
most be provided, if socii a structure exists.	First name:
Is a corporate family tree attached?	
VEC NO	Middle name(s):
YES NO	
• 'Ultimate holding company' - is a corporation that is a	
holding company of the applicant company and is itself a	Surname:
subsidiary of no other corporation"	
Note: "Any entity named in response to Q18 must complete	
an Associated Entity form and associates of an ultimate holding company named in response to Q18 <b>must</b> also	Position Held:
complete an Associated Entity or Associated Individual form	
as appropriate.	First name:
20) List below the names of all current company directors and	
the company secretary:	
First name:	Middle name(s):
This traine.	
	Surname:
Middle name(s):	Somane.
Cura ana a	Position Held:
Surname:	
Position Held:	<b>Note:</b> All individuals identified above must complete an Associated Individual form, except the proposed nominee,
	who must complete an application for approval as a nominee
	form.
First name:	21) Give the total number of ordinary shares (voting an
	income entitlement shares) and preference shares (income
Middle name(s):	entitlement shares only):
Middle name(s):	i. ordinary shares (voting and income entitlement shares):
	Total number:

T: 1300 599 759 E: contact@vgccc.vic.gov.au





ii. preference shares (income entitlement shares only):		Class of share:	No. of shares held
Total number:			
<b>22)</b> List below the names of the ten (10) largest shareholders and the number of shares held:		Name of shareholder:	
Name of shareholder:		Class of share:	No. of shares held
		Class of stidle.	No. of strates field
Class of share:	No. of shares held	Name of shareholder:	
Name of shareholder:		Class of share:	No. of shares held
Class of share:	No. of shares held		
			10% or more of income entitlement es <b>must</b> complete an Associated
Name of shareholder:		Entity or Associated Indiv VGCCC may at its discret	vidual form as appropriate. The ion require any other shareholder in complete an Associate form.
Class of share:	No. of shares held		olders holding 10% or more of shares behalf of, or in trust for, any person or
Name of shareholder:		YES NO	
Class of share:	No. of shares held	If <b>NO</b> , proceed to Q24. If <b>N</b> Shares held by:	<b>/ES</b> , provide details below:
Name of shareholder:		Full name of beneficial o	wner: No. of shares held
Class of share:	No. of shares held	Shares held by:	
Name of shareholder:		Full name of beneficial o	wner: No. of shares held
Class of share:	No. of shares held	Shares held by:	
Name of shareholder:		Full name of beneficial o	wner: No. of shares held
Class of share:	No. of shares held	Shares held by:	
Name of shareholder:		Full name of beneficial o	wner: No. of shares held

T: 1300 599 759 E: contact@vgccc.vic.gov.au





Shares held by:	IMPORTANT INFORMATION
	Financial institution letter
Full name of beneficial owner:  No. of shares held  Note: Where a beneficial owner of shares is named in	The financial institution letter (see attachment 3) <b>must</b> be forwarded to the applicant's major financial provider for completion and submission as part of this application.  Where the applicant has no financial history or has traded for less than 12 months, but a holding company
response to Q23, and the beneficial owner holds a total of 10% or more of ordinary or preferential shares, the beneficial owner of the shares <b>must</b> complete an Associated Entity or Associated Individual form as appropriate.	exists, the financial institution letter should be forwarded to the holding company's major financial institution for completion and submission as part of this application.
Financial Particulars	25) Is a financial institution letter from the corporation's or, if applicable, the holding company's major Financial provider attached?
IMPORTANT INFORMATION	
Accountant or Auditor's statement	YES NO
The Accountant or Auditor's statement must be completed and provided with this application.	26) Provide details of all financial institutions and other sources with which the corporation has accounts,
Holding Company's Accountant or Auditor's statement (if applicable)	borrowings or investments of \$50,000 or more:
An Accountant or Auditor's statement must be completed and provided with this application in respect of the holding company.	i. Financial institution/source name:
Summary of financial information	Branch/source address:
In addition to providing an accountant or auditor's statement, the applicant can provide a summary of financial information for <b>the three most recent completed financial years.</b> The applicant is advised to consult with its accountant or auditor to ensure that the true and correct summary of financial information is provided. The VGCCC may subsequently request audited financial statements be submitted in the event that this summary is found to be incomplete, incorrect or misleading.  The applicant must also ensure the solvency declaration at the end of this section is signed by each Director of the applicant. The solvency declaration requires each Director to declare that they have a reasonable belief that the	Nature of account:  ii. Financial institution/source name:  Branch/source address:
company will be able to pay its debts as and when they become due and payable.  This solvency declaration will assist the Commission to consider whether the applicant is of sound and stable	
financial background as required in the <i>Gambling</i> Regulation Act 2003.	Nature of account:
<b>24)</b> Is an Accountant or Auditor's statement for the Applicant or, where applicable, the holding company attached?	Have further details been provided on an attachment page?
YES	YES NO
Have further details been provided on an attachment page?	
YES NO	

T: 1300 599 759 E: contact@vgccc.vic.gov.au





IMPORTANT INFORMATION	Financial institution or creditor:
List of Creditors  A listing of the corporation's creditors, stating the name of the creditor, amount owing and number of days debt has been owed, if applicable, must be attached. The list should be completed as at the end of the latest calendar month and be certified by the authorised officer on behalf of the corporation as to its accuracy. Where a corporation has never traded but a holding company exists, a listing of the holding company's creditors must instead be provided as	Total amount owing:  Number of days payment is overdue:  Have further details been provided on an attachment page?
<ul> <li>27) Is a listing of the corporation's creditors or, if the corporation has never traded but a holding company exists, a listing of the holding company's creditors attached?</li> <li>YES NO</li> <li>If YES, proceed to Q28. If NO, provide reasons on an attachment page.</li> </ul>	YES NO  30) Has the corporation ever been wound up, placed into liquidation, had a receiver, controller, administrator or agent for a mortgage appointed, entered into a scheme of arrangement, or been involved in other similar proceedings? (Note: Include any pending arrangements known to the Corporation)  YES NO
Have further details been provided on an attachment page?  YES NO	If <b>NO</b> , proceed to Q31. If <b>YES</b> , provide the following details below:
IMPORTANT INFORMATION	Number of occurrences:
All applicants (whether a company or an incorporated association) <b>must</b> lodge with this application form a business credit file (refer to website).	Date action taken (mm/yyyy)
28) Is the corporation's business credit file attached?  YES NO  29) Other than what has been disclosed on the Credit File, is the corporation in default of any debt repayment or loan (including less than \$5,000)? (Note: Do not include details unless a payment is overdue or in arrears)  YES NO  If NO, proceed to Q30. If YES, complete the following (Note: All amounts must be stated in Australian currency):  Number of occurrences:  Financial institution or creditor:	Type of proceedings:  Details of administrator, liquidator, receiver, controller, regulatory body or law enforcement agency:  Name:  Phone number:  Reason for action taken:
Total amount owing: Total amount in default:	
Number of days payment is overdue:	Have further details been provided on an attachment page?



T: 1300 599 759 E: contact@vgccc.vic.gov.au

VGCCC.VIC.GOV.AU



NO

YES



<b>31)</b> Is the corporation a Corporate Trustee?	Full name:
YES NO	
If <b>NO</b> , proceed to Q32. If <b>YES</b> , Q31(a)-(d) <b>must</b> be completed:	Company Individual (tick appropriate box)
a. Name(s) of Trust:	% of ownership:
Traine(s) of frost.	Voting: Income:
Address:	
	c. Specify which of the beneficiaries/unit holders of the trust received 10% or more of the Trust's income distribution in any one of the last three (3) years:
	Name:
Type of Trust ( tick one only)	Name:
Discretionary Trust Unit Trust	
Discretionary most	Name:
Is a <b>copy</b> of Trust Deed attached?	Nume.
YES	
YES	<b>d.</b> Identify below any trust beneficiaries/unit holders with
<b>b.</b> List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:	voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/ change the Trustee or to influence the Trustee's decisions:
Full name:	Name:
	Name:
Company Individual (tick appropriate box)	
% of ownership:	N.
Voting: Income:	Name:
voting.	
5.11	<b>Note:</b> All individuals identified at Q31(d) above must complete an Associated Individual form or Associated Entity form.
Full name:	
	Have further details been provided on an attachment page?
Company Individual (tick appropriate box)	YES NO
% of ownership:	<b>32)</b> Other than what has been disclosed on the Credit File, has
Voting: Income:	the corporation ever been subject to bankruptcy or any insolvency arrangements?
voting.	
	YES NO
Full name:	If <b>NO</b> , proceed to Q33. If <b>YES</b> , complete the following and
	provide details of circumstances leading to bankruptcy/ arrangement proceedings on an attachment page.
Company Individual (tick appropriate box)	Number of occurrences:
% of ownership:	
Voting: Income:	Data of Paply untay/Arrangement (dd/mm//mm/)
	Date of Bankruptcy/Arrangement (dd/mm/yyyy):





Data of Daraharata (Amara and Alakarata and )	
Date of Bankruptcy/Arrangement (dd/mm/yyyy):	In regard to the Code, one of the following documents must be attached to this application:
Date of Discharge/Completion (proposed date)(dd/mm/yyyy):	A <b>statement</b> confirming that the existing Code developed by the Victorian Bookmakers' Association ('the VBA') has been adopted by the bookmaker or
	Where the applicant has amended an existing Code, a
<b>Note:</b> If you are a discharged bankrupt, a <b>copy</b> of your	copy of that amended Code; or
Certificate of Discharge From Bankruptcy <b>must</b> accompany this application (Do not send the original certificate).	<ul> <li>Where the applicant has developed its own Code, a copy of that Code.</li> </ul>
Is a <b>copy</b> inclosed?	<b>34)</b> Is one of the above documents attached?
YES NO	YES NO
<b>33)</b> Is the corporation the guarantor for someone else's debt or loan?	Associations
YES NO	<b>35)</b> Do you have any other associations within the gambling industry? If <b>YES</b> , please provide:
Number of occurrences:	Type of association:
If <b>NO</b> , proceed to Q34.	
If <b>YES</b> , is any person, including any corporation in respect	Entity associated with:
of whom you have given a guarantee in default of any agreements with respect to payment of a debt or loan?	State or country of operations:
YES NO	State of country of operations.
123	
If <b>YES</b> , provide details on an attachment page.	Declaration by authorised officer
Have further details been provided on an attachment page?	
YES NO	I declare that I have read and understood the questions in this application form and the directions for answering them and I have answered the questions truthfully and completely to the
Responsible Gambling	best of my knowledge.
IMPORTANT INFORMATION	Signature of authorised officer:
Responsible Gambling Code of Conduct (Code)	
A person registered with the VGCCC as a bookmaker must	
have a Responsible Gambling Code of Conduct (Code) as	Date (day/month/year):
part of the registration application. The VGCCC may not approve a registration without a compliant code and your	
application will not be finalised until a code is lodged. A	
registered bookmaker code must refer to the Ministerial Direction which sets out the matters which must be	Signature of witness*:
contained in a Code. The Ministerial Direction is available on the VGCCC website.	
	Date (day/month/year):
	Print name of witness (*any adult can be a witness):

T: 1300 599 759 E: contact@vgccc.vic.gov.au





# Bookmaker registration - corporation Financial information release form

#### **Gambling Regulation Act 2003**

In the matter of this application for registration as a bookmake	er and for the purposes of ongoing monitoring by:	
Name (Full name of corporation):		
	of	
Address (Full address of corporation):		
	('applicant')	
I,	1.15.51	
(Full name of Authorised Officer signing the application on being the duly authorised officer of the corporation hereby aut		
information release form from the Victorian Gambling and Cas actions for the authorised purposes as set out below:		
Authorised actions		
<ul> <li>To allow the VGCCC to inspect and obtain a copy of any document, record or correspondence in the possession or under the control of the person, which contains information pertaining to the applicant (or to the applicant and another person and to any subsidiary, related body corporate, trust or partnership to which the applicant was a party), including but not limited to:         <ul> <li>any loan information;</li> <li>any information relating to an account held with a financial institution (passbook, statement or other), including</li> </ul> </li> </ul>		
information relating to withdrawals, deposits, transfers		
<ul> <li>any information (including trust account information) of any solicitor, accountant, real estate agent or other fiduciary.</li> <li>To answer written or verbal queries of, and to provide information (by any means) to the VGCCC to undertake the authorised actions, about the financial resources of the applicant.</li> </ul>		
Release		
who has lent money to or borrowed from the applicant providir detailed above under the heading "Authorised actions", <b>I hereb</b>	<b>y release</b> the VGCCC to the full extent of the law and against any gs, claims, demands, costs and expenses whatsoever which may	
Authorised purposes		
To enable the VGCCC to be satisfied that the applicant and each of its associates is of sound and stable financial background and that, in conducting on-going monitoring, those financial resources continue to be desirable and satisfactory. This authorisation commences on the date below and continues until the later of:  • the VGCCC considers that the corporation is no longer a registered bookmaker; or		
<ul> <li>the expiry of any registration as a bookmaker (if granted).</li> </ul>		
	Date (also describe (us sur)	
Signature of authorised officer:	Date (day/month/year):	

#### **NOTES**

- 1) A photocopy of this form will be considered as effective and as valid as the original.
- 2) A reference in this *financial information release form* to the VGCCC includes is a reference to a member of its staff and any other person appointed in writing by the VGCCC.

Victorian Gambling and Casino Control Commission

T: 1300 599 759 E: contact@vgccc.vic.gov.au





### Consent for release of information by law enforcement agencies

#### **Gambling Regulation Act 2003**

In the matter of this application for registration as a bookmaker and for the purposes of ongoing monitoring by:	
Name (Full name of applicant):	
	of
Address (Full address of applicant	
	'corporation'

#### Consent

I consent to the VGCCC carrying out all probity investigations in relation to me and my businesses including, but not limited to:

(a) Inspection of criminal, intelligence or other records kept or maintained by:

- · Australian Federal Police;
- any casino regulatory body in any jurisdiction;
- any corporate regulatory agency in any jurisdiction;
- any government agency;
- any gaming regulatory body in any jurisdiction; (collectively referred to as 'law enforcement agencies')
- any crime investigation body in any jurisdiction; and
- · any casino regulatory body;
- any police force of any jurisdiction in any state, country;
- · any court
- · or administrative region.

I consent to the VGCCC carrying out all probity investigations in relation to me and my businesses including, but not limited to:

**(b)** release of particulars of any convictions, findings of guilt or other information recorded against the applicant by the law enforcement agencies including, without limitation:

- details of all prosecutions, including acquittals and matters withdrawn or dismissed and all findings of guilt, whether or not a conviction was recorded:
- · matters or charges still outstanding;
- · law enforcement agencies intelligence howsoever obtained;
- any other matters recorded as arising either in Victoria or elsewhere by any law enforcement agency and considered relevant by the VGCCC to the investigation or assessment of my application for a bookmaker's registration under the *Gambling Regulation Act* 2003.

#### Release

Upon signing this consent, the applicant hereby releases the VGCCC, each law enforcement agency and their servants, agents or contractors to the full extent of the law and against any claim or demands of any kind and any actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the use or misuse of the information obtained out of this consent, including particulars of any conviction, findings of guilt or other adverse material purporting to relate to the applicant.

#### Acknowledgment

I acknowledge having read and understood the terms of the consent and have noted that independent legal advice may be sought before signing this consent. This consent commences on the date below and continues until the later of:-

- the VGCCC considers that I am no longer the holder of a commercial raffle organiser's licence; or
- the expiry of any commercial raffle organiser's licence (if granted).

A photocopy of this form will be considered as effective and as valid as the original.

# Signature of authorised officer: Date: Signature of authorised officer: Date: Print name of witness (\*any adult can be a witness):

Victorian Gambling and Casino Control Commission T: 1300 599 759 E: contact@vgccc.vic.gov.au





## **Attachment 1 – Accountant or Auditor's statement**

#### **Gambling Regulation Act 2003**

#### Background

In the matter of this application, and for the purposes of ongoing monitoring, Section 4.5A.4(2)(c) of the *Gambling Regulation Act 2003* (the Act) requires the Commission to consider whether an applicant for registration as a bookmaker or renewal of such registration is of 'sound and stable financial background'.

The following statement is to be completed by a Certified Practicing Accountant or Associate Chartered Accountant. This statement is provided for the sole purpose of assisting the Commission to assess an application made under the Act.

Name of applicant:		
Name of accountant or auditor:		
Accountant or auditor's address:		
Qualification:		
Certified practicing accountant	Chartered account	ant
		cial affairs of the above applicant. I am satisfied that at the
		its when and as they become due and payable.
wish to make.	atement, any qualification	ns or explanations relating to the above statement that you
Signature of accountant:	Date:	Printed name of signatory:

Victorian Gambling and Casino Control Commission T: 1300 599 759 E: contact@vgccc.vic.gov.au





# Attachment 1(a) – Summary of financial information

#### **Gambling Regulation Act 2003**

#### Background

In addition to providing an accountant or auditor's statement, the applicant can complete this section with the required summary of its financial information for the three most recent completed financial years. The applicant is advised to consult with its accountant or auditor to ensure that a true and correct summary of financial information is provided.

The VGCCC may subsequently request audited financial statements be submitted in the event that this summary is found to be incomplete, incorrect or misleading. The applicant must also ensure the solvency declaration at the end of this section is signed by each Director of the applicant. The solvency declaration requires each Director to declare that they have a reasonable belief that the company will be able to pay its debts as and when they become due and payable.

This solvency declaration will assist the Commission to consider whether the applicant is of sound and stable financial background for the purposes of the *Gambling Regulation Act 2003*.

Total Sales/Revenue  Less: Cost of Sales  Cross Operating Profit Other Income (specify)  Total Income Less: Operating Expenditure  Net Profit/(Loss) before taxation Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)  Income Incom	Year ended		
Less: Cost of Sales  Cross Operating Profit Other Income (specify)  Total Income Less: Operating Expenditure  Net Profit/(Loss) before taxation Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)	Profit & Loss Statement		
Gross Operating Profit Other Income (specify)  Total Income Less: Operating Expenditure  Net Profit/(Loss) before taxation Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)	Total Sales/Revenue		
Other Income (specify)  Total Income Less: Operating Expenditure  Net Profit/(Loss) before taxation Less: Taxation Payable  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profits/(Loss) after daxation  Distribution to Beneficiaries Dividends declared/paid Others (specify)	Less: Cost of Sales		
Other Income (specify)  Total Income Less: Operating Expenditure  Net Profit/(Loss) before taxation Less: Taxation Payable  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profits/(Loss) after daxation  Distribution to Beneficiaries Dividends declared/paid Others (specify)			
Total Income Less: Operating Expenditure  Net Profit/(Loss) before taxation Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)	Gross Operating Profit		
Less: Operating Expenditure  Net Profit/(Loss) before taxation  Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)	Other Income (specify)		
Less: Operating Expenditure  Net Profit/(Loss) before taxation  Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)			
Less: Operating Expenditure  Net Profit/(Loss) before taxation  Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)			
Less: Operating Expenditure  Net Profit/(Loss) before taxation  Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)			
Less: Operating Expenditure  Net Profit/(Loss) before taxation  Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid Others (specify)			
Net Profit/(Loss) before taxation  Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd Distribution to Beneficiaries Dividends declared/paid  Others (specify)	Total Income		
Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation  Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)	Less: Operating Expenditure		
Less: Taxation Payable  Net Profit/(Loss) after taxation  Profit & Loss Appropriation  Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)			
Net Profit & Loss Appropriation  Net Profit (Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)	Net Profit/(Loss) before taxation		
Profit & Loss Appropriation  Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)	Less: Taxation Payable		
Profit & Loss Appropriation  Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)			
Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)	Net Profit/(Loss) after taxation		
Net Profit/(Loss) after taxation  Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)	Profit & Loss Appropriation		
Retained Profits/(Losses) b/fwd  Distribution to Beneficiaries  Dividends declared/paid  Others (specify)			
Dividends declared/paid  Others (specify)			
Others (specify)	Distribution to Beneficiaries		
	Dividends declared/paid		
Retained Profits/(Losses) c/fwd	Others (specify)		
Retained Profits/(Losses) c/fwd			
	Retained Profits/(Losses) c/fwd		

Victorian Gambling and Casino Control Commission T: 1300 599 759 E: contact@vgccc.vic.gov.au





Year ended		
Current Assets	J	
Cash & deposits		
Trade debitors		
Other debitors		
Inventories		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Others (please specify )		
Total current assets a		
Non-current assets		
Property, plant & equipment		
Intangible assets		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Others (please specify)		
Others (pieuse specify)		
Total non-current assets b		
Total assets (a+b) c		
Current Assets		
Cash & deposits		
Trade debitors		
Other debitors		
Inventories		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Others (please specify )		



**Total current liabilities** 

T: 1300 599 759 E: contact@vgccc.vic.gov.au

d





Year ended			
Non-current liabilities			
Bank overdraft & loans (secured)			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Provisions			
Others (please specify)			
Total non- current liabilities e			
	_		
Total liabilities f			
		I	
Net assets (c-f) g			
equity			
Issued capital/settlement sum			
Reserves			
Retained profits/(losses			
Others (please specify)			
		1	1

Net assets (g) must be equal to total equity (h)





Total equity

h

#### Authorised officer declaration

	t declare and confirm that the attached audited ded are true and correct on the understanding the and misleading information.	
Name of Authorised Officer:	Signature of Authorised Officer:	Date: / /
Diversity of algorities		

#### Directors declaration

lame of Director:	Signature of Director:	Date:
		/ /
lame of Director:	Signature of Director:	Date:
		/ /
ame of Director:	Signature of Director:	Date:
		/ /
ame of Director:	Signature of Director:	Date:
		/ /
ame of Director:	Signature of Director:	Date:
		/ /





# Bookmaker registration - corporation Attachment 2 - Financial institution letter

The Manager,	
(Name/Address of Bank)	
Dear Sir/Madame	
(applicant's name)	
(applicants name)	
has applied to the Victorian Gambling and Casi	ino Control Commission (the VGCCC) for registration as a bookmaker.
As part of the application process, the VGCCC is that you provide the following details:	s performing a review of this company. In connection with this review, we request
• the amounts outstanding and available under	er all facilities made available to the company;
• the next review date and expiry date for each	h existing facility;
• the security held over each facility outlined a	ıbove;
• whether any of the original facilities are in de	efault of any payments of principal or interest;
	sions between yourselves and the corporation which may materially impact upon rporation or have previously resulted in alterations to the original funding facility;
confirm that the bank supports the application	on.
	of the processing of the application for registration as a bookmaker and
accordingly, I would appreciate your reply at the	
Please forward your reply on this matter directly	y to the undersigned at the address listed below.
Yours sincerely,	
Signature:	Date:
Name:	
Position:	
Address:	

Victorian Gambling and Casino Control Commission

T: 1300 599 759 E: contact@vgccc.vic.gov.au





# Attachment 3 – Statement of adoption of a Responsible Gambling Code of Conduct

#### Statement for completion by Authorised Officer

Note: This statement must be completed only if the applicant company has adopted a Responsible Gambling Code of Conduct (Code).

Name of Code:

VGCCC code number\*:

Date Code adopted by applicant (day/month/year):

Note: A copy of the minutes of the board which confirms adoption of a Code must be attached.

Is a copy of the minutes attached?

YES

Signature of authorised officer:

Date:

Signature of authorised officer:

Date:

Print name of witness ('any adult can be a witness):

Print name of witness ('any adult can be a witness):





<sup>\*</sup> The VGCCC code number can be found with the Code on the VGCCC website.

# **Attachment Page**

**Note:** This attachment page is provided for additional information that requires more space than that provided in the original question.

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

Victorian Gambling and Casino Control Commission T: 1300 599 759 E: contact@vgccc.vic.gov.au





# **Attachment Page**

**Note:** This attachment page is provided for additional information that requires more space than that provided in the original question.

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



