Gambling Application Kit Bookmaker registration – sole trader

WAB051224

This form contains the application and information material for approval as a new or renewal bookmaker by a sole trader.

How to apply

Send application via email to:

contact@vgccc.vic.gov.au

Privacy Policy

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* (the Act).

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 Part 1, Division 6 of Chapter 10 of the Act. Go to <u>vgccc.vic.gov.au</u> to access this Act.







Bookmaker registration - sole trader Lodgement Guide

Your application must include the following:
Complete application form - Every question on the application form has been answered.
Financial Institution letter
Historical Personal Name Extract from ASIC
National Police Certificate
Credit Report
Required details regarding the Responsible Gambling Code of Conduct
Passport size photos
Tax returns and Notice of Assessment from the Australian Tax Office of the past 3 financial years
A copy of documentation confirming any court outcomes or settlement agreements
Evidence of your VBA Bond or other guarantee
Associated Individual and/or Associated Entity forms including all required attachments
Nominee application If the nominee is not part of a new/renewal Venue Operator Licence application.
Audited and certified financial statements
Required details regarding the Responsible Gambling Code of Conduct
A copy of the business plan including financial projections for the first 3 years and governance and compliance framework, experience in managing a business, methods of accepting gambling payments and proportions (cash etc) and where and

how the business is to operate.



Personal Particulars	Date of Birth (day/month/year):
1) This application is a:	
New registration pack	Place of birth (country and state or region):
Renewal registration pack	
Application for:	Arrival date in Australia (if applicable):
On course	
Online	
Both	b. Name to appear on identity card:
2) Are you associated with any other gambling licence/	
registration holder?	c. Are you currently known or have you previously been
YES NO	known by another name(s), including any alias(es),
L	Anglicised name(s), maiden name, married name(s) and name(s) changed via deed poll?
number/s:	
Licence:	YES NO
	If YES , list other name/s:
Registration name/s:	
Registration number/s:	
Uque further details been provided on an attachment page?	d. Have you had any legal name changes?
Have further details been provided on an attachment page?	YES NO
YES NO	
IMPORTANT INFORMATION	If NO , proceed to Q4. If YES , provide additional details below:
You must ensure that all names noted in Q3(a)-(c) are	i. Date changed to current name (dd/mm/yyyy):
advised to the providers of your National Police Certificate	
and Credit Report.	Name Prior to change:
3) a. Details	
Surname:	ii. Date changed to previous name (dd/mm/yyyy):
	n. Date changed to previous name (da/mm/yyyy).
First Name:	
	Name Prior to change:
Middle Name(s):	
Middle Name(s):	Have further details been provided on an attachment page?





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4)	Current Residential Address:	
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4) Current Residential Address:	Type of association:
	Entity associated with:
	State or country of operations:
Country	
	9) Does the applicant have any business or personal
No. of years resident in this country:	relationships with known criminals?
	YES NO
No. of years resident at this address:	
	If YES , please provide details:
Note: If at the above address for less than ten years, provide details, including dates (month/year), at each previous address on an attachment page. Have further details been provided on an attachment page?	
YES NO	
YES NO	
5) Postal address (if same as Q4, write 'as above'):	Family members named in response to Q8 to Q11 are not required to complete an associate form as part of your
	request for registration. However, where investigations by the VGCCC highlight issues of concern, the VGCCC may determine that a completed associate form is required from one or more nominated family members. In this circumstance, you will be notified and advised regarding the completion and lodgement of the required form/s.
6) Contact details:	If any family members are to be involved in your
	bookmaking business, they may need to complete an Associated Individual form.
Daytime phone number: Mobile phone number:	Associated matviabal form.
	10) Partner details:
Email address:	
	First Name:
7) Photographs:	Surname:
Upload a clear passport size colour photo.	
a. I have attached a passport size photograph.	Middle Name(s):
YES	
b. Date photograph taken (dd/mm/yyyy):	Date of Birth (day/month/year):
8) Do you have any other associations within the gambling industry?	Current residential address:
YES NO	
If YES , please provide:	
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11) Applicant's parents and the parents of the applicant's spouse/domestic partner. Include both natural parents and step-parents.

Relationship to applicant: Date of birth:	Relationship to applicant: Date of birth:
(dd/mm/yyyy) First Name:	
Middle Name(s):	Middle Name(s):
Surname:	Surname:
Current residential address:	Current residential address:
Relationship to applicant: Date of birth:	Relationship to applicant: Date of birth:
(dd/mm/yyyy) First Name:	(dd/mm/yyyy) First Name:
Middle Name(s):	Middle Name(s):
Surname:	Surname:
Current residential address:	Current residential address:



12) Applicant's brothers and sisters and the brothers and sisters of the applicant's spouse/domestic partner. List all, including half/step brothers and sisters.

Relationship to applicant:	Date of birth:	Relationship to applicant:	Date of birth:
First Name:	(dd/mm/yyyy)	First Name:	(dd/mm/yyyy)
Middle Name(s):		Middle Name(s):	
Surname:		Surname:	
Current residential address:		Current residential address:	
Relationship to applicant:	Date of birth: (dd/mm/yyyy)	Relationship to applicant:	Date of birth: (dd/mm/yyyy)
First Name:		First Name:	
Middle Name(s):		Middle Name(s):	
Surname:		Surname:	
Current residential address:		Current residential address:	



13) Applicant's children and the children of the applicant's spouse/domestic partner. List all, including step and adopted children.

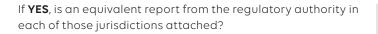
Relationship to applicant: Date of birth:	Relationship to applicant: Date of birth:
(dd/mm/yyyy) First Name:	(dd/mm/yyyy) First Name:
Middle Name(s):	Middle Name(s):
Surname:	Surname:
Current residential address:	Current residential address:
Relationship to applicant: Date of birth:	Relationship to applicant: Date of birth:
(dd/mm/yyyy) First Name:	(dd/mm/yyyy) First Name:
Middle Name(s):	Middle Name(s):
Surname:	Surname:
Current residential address:	Current residential address:

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14) a. Are any family members expected to be involved in the bookmaking business/or employed as an on course clerk for any bookmaker?	Name change from:
YES NO	Name changed to:
If YES , provide their names and details concerning their	
intended role in the business:	Date of change (dd/mm/yyyy):
	Name change from:
14) b. Do ALL family members who are expected to be involved in your bookmaking business hold a current	Name changed to:
bookmaker registration or a current bookmaker key	Date of change (dd/mm/yyyy):
employee registration?	
Have further details been provided on an attachment page?	Have further details been provided on an attachment page?
	YES NO
Bookmaker Key Employees	IMPORTANT INFORMATION
14) c. Will you be using any Bookmaker Key Employees?	Historical Personal Name Extract from the Australian Securities and Investments Commission (ASIC) and/or an
YES NO	equivalent report from other jurisdiction/s
If YES , please provide details of full name and licence number:	Regardless of your place of residence, you are required to provide an Historical Personal Name Extract from ASIC (a copy will not be accepted). If you are not recorded on ASIC's database you will be provided with a letter to that effect. In addition, if you have ever been a director or company
Business Interests 15) Have you operated or do you intend to operate under any business name(s)?	secretary of a company registered in a jurisdiction outside Australia, you are requested to submit an equivalent report to this Historical Personal Name Extract from the regulatory authority in each of those jurisdictions with this form.
YES NO	Refer to website for further instructions for obtaining an extract and for the type of information an equivalent report is expected to reveal.
If NO , proceed to Q16 If YES , provide details below:	
Business name/s:	17) a. Is your Historical Personal Name Extract from ASIC enclosed?
Australian Business Number (ABN):	YES NO
	b. Have you ever been a director or company secretary of a company registered in a jurisdiction* outside Australia?
Have further details been provided on an attachment page?	
YES NO	YES NO
16) Has the business/trading name you intend to operate under changed in the last 3 years?	
YES NO	
If NO , proceed to Q16. If YES , provide details below:	* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality
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YES

NO

If **NO**, provide reasons why an equivalent report has not been enclosed on an attachment page. Have further details been provided on an attachment page?



I hereby certify that I am not now and have never been a director or secretary of a company registered with ASIC.



I have attached a letter from ASIC confirming I am not on the ASIC database.



18) Provide below details in relation to the following aspects of your scale of operations:

- i. Estimated gross turnover for the next financial year:
- \$
- ii. Intended race meetings:

iii. Bet types:

iv. Telephone usage:

v. Workload rosters:

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Have further details been provided on an attachment page?



IMPORTANT INFORMATION

Q19 relates to any business interests, business associations (see definition under Legal Action below) directorships or partnerships (either within or outside Australia) not already disclosed in any ASIC Extract you

may have provided with this form, ie. details of any other:

directorships (either within or outside Australia), including positions of director, secretary etc, you hold or have resigned from (whether or not the company is trading) during the last 3 years; and

business interests or partnerships you have been involved in (either within or outside Australia), including provision of finance of A\$50,000 or more in relation to any business dealing, during the last 3 years.

 19) List below any business interests, business associations, directorships or partnerships (either within or outside Australia), apart from those already disclosed in any ASIC Extract you may have provided:

Have further details been provided on an attachment page?



Legal Action

Note: Business Association - includes a partnership, joint venture, collaboration or similar relationship, however described. This includes any association you have where you are or were a director or company secretary of a company or an office holder of an incorporated association either in or outside of Australia. A business association may be with a person, body or association.

20) Have you personally, or any entity that you have been an officer of, ever been the defendant/respondent to any legal action in the past 10 years?

YES NO





If NO, proceed to Q21	If YES , provide the	following details:
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The legal action was (tick appropriate box):

Personal

Via business association

If via a business association, describe on an attachment page how your responsibilities or actions related to the legal action.

Nature of legal action:

Plaintiff:

Jurisdiction*:

Result/Settlement:

Court or tribunal where matter was heard:

Case no. issued by court/tribunal (if known):

Date of delivery of judgement (if known) (dd/mm/yyyy):

A **copy** of independent documentation confirming the court outcome or, if settled out of court, a copy of the settlement agreement must be provided, regardless of whether any terms of the agreement are confidential.

Is a copy of the court outcome/settlement agreement attached?

NO



Have further details been provided on an attachment page?



21) Is there any legal action currently being pursued against you, whether personally or via a business association?



If $\boldsymbol{\mathsf{NO}},$ proceed to Q22. If $\boldsymbol{\mathsf{YES}},$ provide the following details:

The legal action was (tick appropriate box):

NO

Personal

Via business association

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If via a business association, describe on an attachment page how your responsibilities or actions related to the legal action.

Nature of legal action:

Plaintiff:

Jurisdiction*:

Court or tribunal where matter is scheduled to be heard:

Case no. issued by court/tribunal (if known):

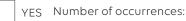
Next scheduled hearing date (if known):

Have further details been provided on an attachment page?



Racing and Gambling History

22) Have you ever applied, either personally or via a business association (ie. as a director or company secretary of a company), for any racing or gambling industry licence, concession, approval, authorisation or registration in any jurisdiction*?



. _____ NO

If **NO**, proceed to Q23. If **YES**, provide the following details for each application.

a. If the application was granted/approved or is still pending, provide details below:

Type of licence, approval etc:

Licence No. (if known):

Name of Racing/Gaming Regulator (if known):

Name shown on licence, approval etc:

Licence/approval association date (mm/yyyy):

to





b.	If the application was refused or withdrawn, provide
	details below:

Type of licence, approval etc sought:

Date of application (mm/yyyy):

Name of Racing/Gambling Regulator (if known):

Provide reason for refusal or withdrawal of request on an attachment page.

Have further details been provided on an attachment page?



c. Have you ever been excluded from a casino, racecourse, gaming venue or online wagering provider?



NO

Other Regulatory History

NO

23) Have you personally, or any entity that you have been an officer of, ever been investigated by a regulatory body or law enforcement agency (e.g. ASIC, RIA, APRA, ACCC)?



If **NO**, proceed to Q24. If **YES**, provide the following details:

Name of regulatory body or law enforcement agency:

Nature of investigation:

Name shown on licence, approval etc:

Result:

Have further details been provided on an attachment page?



NO

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24) Have you personally, or any entity that you have been an officer of, ever been the subject of disciplinary action, enforcement action or had an application for any licence or permit refused? Have you personally ever been disqualified from involvement in the management of an entity?

YES Number of occurrences: NO

If **NO**, proceed to Q25. If **YES**, provide details below:

Type of licence, approval etc:

Licence No. (if known):

Name of Racing/Gambling Regulator (if known):

Name shown on licence, approval etc:

Type of action taken and reason:

Date of disqualification (dd/mm/yyyy):

Jurisdiction*:

Reason for disqualification/proceedings:

Have further details been provided on an attachment page?







25) Is there any regulatory investigation underway against an entity you are associated with?	27) Have you only lived in Australia during the last 10 years?
YES NO	YES NO
	If YES to Q27, an NPC must be provided.
If YES , please provide details:	If NO to Q27, you are requested to seek an equivalent report from the relevant Police Agency which is an original document or a certified copy of the original document. If an equivalent report is not enclosed, provide an explanation on an attachment page. Have further details been provided on an attachment page?
	YES NO
 26) Have you ever been employed by the Victorian Gambling and Casino Control Commission or its predecessors? YES NO If NO, proceed to Q25. If YES, provide the following details: 	28) a. Have you ever been charged with, or found guilty of, a criminal offence, or been investigated by a law enforcement agency for an alleged offence against you, that is not recorded on your attached Police documentation?
Position Held:	YES NO
Date finished (mm/yyyy):	b. Have you ever participated in a Diversion Program or any like proceedings?
	YES NO
Charges, Findings of Guilt and Convictions	If NO to Q28(a) & (b), proceed to Q29. If YES to either Q28(a) or (b), provide details below in relation to each matter:
If you currently live in Australia or if you have lived in	Nature of Offence/Charge:
Australia during the last 10 years this form must be accompanied by your original National Police Certificate (NPC) from the Victoria Police (refer to instructions at Attachment 2). The NPC you provide cannot be a copy and must be obtained not more than 3 months before this form is lodged.	Date (dd/mm/yyyy): Jurisdiction*:
You must advise details at Q28 of any offence not included	
in your NPC, including participation in a Diversion Program, spent convictions, findings of guilt, suspended sentences,	Result (if known):
matters where a good behaviour bond is given and/or matters where no conviction is recorded, other court orders and provide details of all outstanding charges. Failure to disclose such matters may affect your application. However, Children's Court matters more than 10 years old and non-custodial traffic matters, which are those for which a penalty other than a jail sentence or community based order was given, are not matters which you are required to	 Have further details been provided on an attachment page? YES NO 29) Please provide full regulatory, breach and compliance history with the gambling regulators other than the VGCCC over the last five years:
disclose at Q28. You must ensure that all names noted in Q3(a)-(c) are advised to the Victoria Police when applying for your NPC. If all such names are not shown in your NPC, your application will not be accepted.	
In addition, if you currently live outside Australia or you have lived outside Australia during the last 10 years you are requested to seek an equivalent report from the relevant Police Agency in that jurisdiction*. An equivalent report, which must be an original document or a certified copy of the original document, would be expected to reveal details	

 * "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality





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against you.

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in relation to any convictions, findings of guilt (either with or without conviction) and any matters still outstanding

IMPORTANT INFORMATION

You must obtain a Credit Report if:

- you currently live in Australia; or
- you do not currently live in Australia but have lived in Australia at any time during the last 10 years; or
- you are or have been during the last ten years a director of officeholder of an Australian company.

If your circumstances do not meet the criteria noted above, a Credit Report is not required. Note: If you live or have lived outside Australia during the last 10 years you are requested to submit an equivalent report from the relevant agency in that jurisdiction*.

The Credit Report you obtain cannot be more than 3 months old when you lodge this application and you must ensure that all names noted in Q3(a) - (c) are advised when applying for your Credit Report. If any such names are not shown in your Credit Report, your application will not be accepted. Instructions on obtaining your Credit Report are provided on the website.

30) a. Other than disclosed on your Credit Report, have you personally ever been subject to bankruptcy or any insolvency arrangements?

YES Number of occurrences:

If **YES**, complete the following and provide details of circumstances leading to Bankruptcy/ Arrangement proceedings on an attachment page:

Date of Bankruptcy/Arrangement (dd/mm/yyyy):

Date of Discharge/Completion (proposed date, dd/mm/yyyy):

Name of Trustee:

Address:

Telephone number:

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b. Are bankruptcy or any like proceedings pending, in any jurisdiction*?

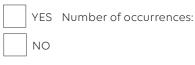


If **YES**, provide details of circumstances leading to these proceedings on an attachment page.

Have further details been provided on an attachment page?



31) Have you ever been an officer of an entity that has 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?



If **NO**, proceed to Q32. If **YES**, complete the following for each matter and provide details of circumstances leading to proceedings on an attachment page:

Company Name:

Type of proceedings:

Commencement Date (dd/mm/yyyy):

Details of trustee, administrator, liquidator, receiver/ manager, regulatory body or law enforcement agency:

Name:

Phone number:

YES

Have further details been provided on an attachment page?

NO

 * "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality

32) Other than disclosed on your Credit Report, are you the personal guarantor for someone else's debt or loan?







If **NO**, proceed to Q33. If **YES**, is any person, including any corporation, in respect of whom you have given a guarantee in default of any agreements with respect to payment of a debt or loan?

YES	Number of occurrences:	
NO		

NO

NO

If **YES**, provide details on an attachment page.

Have further details been provided on an attachment page?



33) Have you enclosed your Credit Report or an equivalent report from the relevant agency in your jurisdiction*?



If **YES**, proceed to Q34. If **NO** provide reasons why a Credit Report and/or an equivalent report from a relevant overseas jurisdiction has not been enclosed on an attachment page.

Have further details been provided on an attachment page?



 * "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality

34) Are you 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)



If **NO**, proceed to Q35. If **YES**, complete the following:

Financial Institution or creditor:

Total amount owing:

Total amount in default:

Total amount in default:

Number of days payment is overdue:

Financial Institution or creditor:

Total amount owing:

\$

\$

Number of days payment is overdue:

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\$

Financial Institution or creditor:

Total amount owing:
Total amount in default:

\$
\$

Number of days payment is overdue:

Have further details been provided on an attachment page?

	YES		NC
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IMPORTANT INFORMATION

You must ensure that the following documents are submitted with your application:

- A copy of both your tax return and your Notice of Assessment from the Australian Tax Office for the past 3 financial years; and
- Schedules A to L (which are provided as part of this application).
- **35)** Have you attached a **copy** of both your Notice of Assessment from the Australian Tax Office for the past 3 financial years and Schedules A to L?

YES



IMPORTANT INFORMATION

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 part of the registration application. The VGCCC will 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 comply with Ministerial Direction which sets out the matters which must be contained in a Code. The Ministerial Direction is available on the VGCCC website.

Declaration

I have read and understood the Directions under Section 10.4A.4 to Nominees And Associates Of Gambling Industry Participants.



I have not had my employment terminated for misconduct in the last 10 years.



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 best of my knowledge, including information provided in the Schedules appended.

Signature of applicant:

Date (day/month/year):

Signature of witness*:

Date (day/month/year):

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

Relationship to person making declaration:





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36. Statement of assets as at :

(dd/mm/yyyy)

List all assets (A\$) at the appropriate line below. Enter the amount as of the date of this statement, which should be a date as recent as possible and within the past 12 months. Joint assets must be distributed between the applicant and the spouse/de facto according to beneficial ownership.

ASSETS:	Applicant	Spouse/de facto
Cash on hand		
Cash at financial institutions (see Schedule A)		
Accounts receivable (see Schedule B)		
Shares and fixed interest securities (see Schedule C)		
Business investments (see Schedule D)		
Real estate (see Schedule E)		
Other assets (see Schedule F)		
TOTAL ASSETS		

37. Statement of liabilities as at:

(dd/mm/yyyy)

List all liabilities (A\$) at the appropriate line below. Enter the amount as of the date of this statement, which should be a date as recent as possible and within the past 12 months. Joint liabilities must be distributed between the applicant and the spouse/de facto according to personal share of liability.

LIABILITIES:	Applicant	Spouse/de facto
Accounts payable		
Taxes payable		
Unsecured loans (see Schedule G)		
Secured loans (mortgages) (see Schedule H)		
Other liabilities (see Schedule I)		
TOTAL LIABILITIES		
NET WORTH (total assets less total liabilities)		
Contingent liabilities* (see Schedule J)		

* Contingent liabilities are potential debts that could be incurred, e.g. on default of a person for whom you have acted as loan guarantor

38. Source of funds for past five (5) years

(a) Australian tax year ended 30 June

(insert applicable year)

	Applicant	Spouse/de facto
Gross salary		
Interest		
Dividends		
Trust/partnership distributions		
Other income		
TOTAL GROSS INCOME		
LESS DEDUCTIONS		
TAXABLE INCOME		

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Bookmaker re	gistration –	sole trade

(b) Australian tax year ended 30 June	(insert applicable year)	
	Applicant	Spouse/de facto
Gross salary		
Interest		
Dividends		
Trust/partnership distributions		
Other income		
TOTAL GROSS INCOME		
LESS DEDUCTIONS		
TAXABLE INCOME		
(c) Australian tax year ended 30 June	(insert applicable year)	
	Applicant	Spouse/de facto
Gross salary		
Interest		
Dividends		
Trust/partnership distributions		
Other income		
TOTAL GROSS INCOME		
LESS DEDUCTIONS		
TAXABLE INCOME		
(d) Australian tax year ended 30 June	(insert applicable year)	
	Applicant	Spouse/de facto
Gross salary		
Interest		
Dividends		
Trust/partnership distributions		
Other income		
TOTAL GROSS INCOME		
LESS DEDUCTIONS		
TAXABLE INCOME		
(e) Australian tax year ended 30 June	(insert applicable year)	
	Applicant	Spouse/de facto
Gross salary		
Interest		
Dividends		
Trust/partnership distributions		
Other income		
TOTAL GROSS INCOME		
LESS DEDUCTIONS		
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List below all accounts, foreign and domestic, maintained by you solely or in conjunction with another person(s).

Balance at current date			
Types of accounts			
Interest rate			
Date opened Interest rate			
Account number			
Name of person/s appearing on account			
Name and address of financial institution Name of person/s appearing on account Account number			

SCHEDULE B - Accounts receivable

Name and address of debtor	Date incurred	Original amount	Unpaid balance	% held	Payment/ period	Interest rate	Interest rate Maturity date	Purpose	Collateral

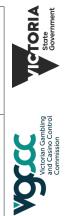


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SCHEDULE C - Shares, Fixed Interest Security (bonds)

List below the information requested for all shares and bonds held or controlled by you. Whenever interest exists through a trust/mutual fund or holding company, the shares held by such trust/mutual fund or holding company need not be listed. Indicate publicly traded shares and bonds by an asterisk. st

lssuer	Types	Number of shares or units Purchase price Date of purchase	Purchase price	Date of purchase	Name in which held	Market value

SCHEDULE D- Business investment

entities that share a direct, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations. For those not List below the information requested regarding any business investment in which any direct, indirect, vested, or contingent interest is held by you, along with the names of all persons or solely held by you, indicate the percentage (%) you hold.

Entity	Type of entity	No. of shares* % held or units	Purchase price	Date of purchase	Name in which held	Persons or entities sharing interest and percentage ownership	Market Value
*Shares include US stocks Victorian Gambling T:1300	T: 1300 599 759 E: contact@vgccc.vic.gov.au	c.gov.au				SOCO	VICTORIA



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SCHEDULE E - Real Estate

List below the information requested regarding any real property in which any direct, vested, or contingent interest is held by you, along with the name of persons or entities who share direct, indirect, vested or contingent interest therein. For those not solely held by you, indicate the percentage (%) you hold.

Address/location	Type	Size	Purchase price/ improvements at cost	% held	Date of purchase	Other owners	Income	Market value

SCHEDULE F - Other assets

List below the information requested for all other assets held by you, (i.e. automobiles, personal property, cash surrender value of life insurance policies, pension plans, etc.).

Type of asset	Purchase price	Purchase price Date of purchase Market value	Market value	Other information



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List below the information requested for all unsecured loans payable for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

SCHEDULE H - Secured loans

List below the information requested for all secured loans payable for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

Collateral			
Purpose			
Maturity date Purpose			
Interest rate			
% of Payment/ Interest obligation period rate			
% of obligation			
Unpaid balance			
Original amount			
Date incurred Original amount			
Name and address of creditor			

Unsecured loans = US notes payable Secured loans = mortgages

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List below the information requested for any other indebtedness for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

Collateral			
Description of liability			
% of Payment/ Interest Maturity date Purpose obligation period rate			
Interest rate			
Payment/ period			
% of obligation			
Unpaid balance			
Date incurred Original amount			
Name and address of creditor			

SCHEDULE J - Contingent liabilities

List below the information requested for all contingent liabilities for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

Person liable in addition to you			
Collateral			
Purpose			
Payment/ Interest Maturity date Purpose period rate			
Interest rate			
Payment/ period			
% of obligation			
Original Unpaid amount balance			
Original amount			
Date incurred			
Name and address of creditor			

Unsecured loans = US notes payable Secured loans = mortgages

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HEDULE K - S
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List below all sources of funds/financial benefits from any source (in excess of \$30,000 in any one year) for the past (3) financial years.

% of total value received by family members			
% of total value received by members			
Total value AUD\$			
Reason for provision/ purpose			
Details of source/Providers Reason for provision/ purpose			
Year(s) received			
Description of funds/financial benefits			

Schedule L – Directorships/Secretary roles

Entity Name	Role	Business Description

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Bookmaker registration - sole trader

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):

Address (Full address of applicant):

Consent

The applicant hereby consents to all probity investigations carried out by the Victorian Gambling and Casino Control Commission (the VGCCC) and its staff, 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.
- 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 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.

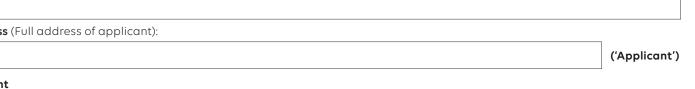
Acknowledgment

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

- the VGCCC considers that I am no longer a registered bookmaker; or
- the expiry of any registration as a bookmaker (if granted).

Execution as a deed

Signed:				Date:	
	Signature of au	uthorised officer			(Day/Month/Year)
Witness:					Print name of witness (any adult can be a witness)
	Signature of wi	tness			
Victorian G and Casino	0	T: 1300 599 759	E: contact@vgccc.vic.gov.au		VOCCC VICTORIA
Commissio	n	VGCCC.VIC.GOV./	AU		Victorian Gambling and Casino Control Commission





Bookmaker registration - sole trader Financial information release form

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):

Address (Full address of applicant):

('Applicant')

The applicant hereby authorises all persons who receive a photocopy of this financial information release form from the Victorian Gambling and Casino Control Commission (the VGCCC) and its staff to undertake the authorised actions for the authorised purposes as set out below:

Authorised actions

- 1) 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:
 - any loan information;
 - any information relating to an account held with a financial institution (passbook, statement or other), including information relating to withdrawals, deposits, transfers and balances;
 - any information (including trust account information) of any solicitor, accountant, real estate agent or other fiduciary.
- 2) 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.

Release

In consideration of a bank, other financial institution, solicitor, accountant, financial adviser or any other person or organisation who has lent money to or borrowed from the applicant providing any of those particulars recorded against the applicant as detailed above under the heading "Authorised actions", I hereby release the VGCCC 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 authorisation.

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 applicant is no longer a registered bookmaker; or
- the expiry of any registered bookmakers registration (if granted).

Signature of applicant:

Dated (dd/mm/yyyy)

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 a reference to a member of its staff and any other person appointed in writing by the VGCCC.

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Bookmaker registration - sole trader

Attachment page

Note: Please copy if additional attachment pages are required.

Have you used an additional attachment page to provide any further information?

YES NO

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Bookmaker registration – sole trader

Attachment 1 – Statement of Adoption of a Responsible Gambling Code of Conduct

Note: This Statement must be completed only if the applicant has adopted a Responsible Gambling Code of Conduct (Code) available on the VGCCC website.

Name of code: Victorian Bookmakers' Association Responsible Gambling Code of Conduct

Please complete the following:

Date generic code adopted by applicant (dd/mm/yyyy):

Signature of applicant:

Date (dd/mm/yyyy):

Printed name of applicant:

Victorian Gambling and Casino Control Commission



Bookmaker registration - sole trader Attachment 2 – Accountant or Auditor's Statement

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 Accountant

I have considered all relevant documentation relating to the financial affairs of the above applicant. I am satisfied that at the time of making this statement, the applicant is able to pay its debts when and as they become due and payable.

Please specify below, or attach to this statement, any qualifications or explanations relating to the above statement that you wish to make."

Signature of accountant:

Date:

Printed name of signatory:

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