

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 vgccc.vic.gov.au 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.

Bookmaker registration – sole trader

Personal Particulars

1) This application is a:

- New** registration pack
 Renewal registration pack

Application for:

- On course
 Online
 Both

2) Are you associated with any other gambling licence/ registration holder?

- YES NO

If **YES**, please provide licence/registration name/s and number/s:

Licence:

Registration name/s:

Registration number/s:

Have further details been provided on an attachment page?

- YES NO

IMPORTANT INFORMATION

You **must** ensure that **all** names noted in Q3(a)-(c) are advised to the providers of your National Police Certificate and Credit Report.

3) a. Details

Surname:

First Name:

Middle Name(s):

Date of Birth (day/month/year):

Place of birth (country and state or region):

Arrival date in Australia (if applicable):

b. Name to appear on identity card:

c. Are you currently known or have you previously been known by another name(s), including any alias(es), Anglicised name(s), maiden name, married name(s) and name(s) changed via deed poll?

- YES NO

If **YES**, list other name/s:

d. Have you had any legal name changes?

- YES NO

If **NO**, proceed to Q4. If **YES**, provide additional details below:

i. Date changed to current name (dd/mm/yyyy):

Name Prior to change:

ii. Date changed to previous name (dd/mm/yyyy):

Name Prior to change:

Have further details been provided on an attachment page?

- YES NO

4) Current Residential Address:

Country

No. of years resident in this country:

No. of years resident at this address:

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

5) Postal address (if same as Q4, write 'as above'):

6) Contact details:

Daytime phone number:

Mobile phone number:

Email address:

7) Photographs:

Upload a clear passport size colour photo.

a. I have attached a passport size photograph.

 YES

b. Date photograph taken (dd/mm/yyyy):

8) Do you have any other associations within the gambling industry?

 YES NO

If **YES**, please provide:

Type of association:

Entity associated with:

State or country of operations:

9) Does the applicant have any business or personal relationships with known criminals?

 YES NO

If **YES**, please provide details:

IMPORTANT INFORMATION

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.

If any family members are to be involved in your bookmaking business, they may need to complete an Associated Individual form.

10) Partner details:

First Name:

Surname:

Middle Name(s):

Date of Birth (day/month/year):

Current residential address:

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:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

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:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	<input type="text"/>
Middle Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Current residential address:	<input type="text"/>

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	<input type="text"/>
Middle Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Current residential address:	<input type="text"/>

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	<input type="text"/>
Middle Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Current residential address:	<input type="text"/>

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	<input type="text"/>
Middle Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Current residential address:	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

Relationship to applicant:	Date of birth:
<input type="text"/>	<input type="text"/>
	(dd/mm/yyyy)
First Name:	
<input type="text"/>	
Middle Name(s):	
<input type="text"/>	
Surname:	
<input type="text"/>	
Current residential address:	
<input type="text"/>	

14) a. Are any family members expected to be involved in the bookmaking business/or employed as an on course clerk for any bookmaker?

YES NO

If **YES**, provide their names and details concerning their intended role in the business:

14) b. Do **ALL** family members who are expected to be involved in your bookmaking business hold a current bookmaker registration or a current bookmaker key employee registration?

YES NO

Have further details been provided on an attachment page?

YES NO

Bookmaker Key Employees

14) c. Will you be using any Bookmaker Key Employees?

YES NO

If **YES**, please provide details of full name and licence number:

Business Interests

15) Have you operated or do you intend to operate under any business name(s)?

YES NO

If **NO**, proceed to Q16 If **YES**, provide details below:

Business name/s:

Australian Business Number (ABN):

Have further details been provided on an attachment page?

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:

Name change from:

Name changed to:

Date of change (dd/mm/yyyy):

Name change from:

Name changed to:

Date of change (dd/mm/yyyy):

Have further details been provided on an attachment page?

YES NO

IMPORTANT INFORMATION

Historical Personal Name Extract from the Australian Securities and Investments Commission (ASIC) and/or an equivalent report from other jurisdiction/s

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 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.

Refer to website for further instructions for obtaining an extract and for the type of information an equivalent report is expected to reveal.

17) a. Is your Historical Personal Name Extract from ASIC enclosed?

YES NO

b. Have you ever been a director or company secretary of a company registered in a jurisdiction* outside Australia?

YES NO

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

If **YES**, is an equivalent report from the regulatory authority in each of those jurisdictions attached?

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?

YES NO

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

YES

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

YES

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:

Has a business plan been developed? (**Note:** If **YES**, a copy must be enclosed) See page 2 for minimum requirements.

YES NO

Have further details been provided on an attachment page?

YES NO

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?

YES NO

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:

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?

YES NO

Have further details been provided on an attachment page?

YES NO

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

YES NO

If **NO**, proceed to Q22. If **YES**, provide the following details:

The legal action was (tick appropriate box):

Personal Via business association

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

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?

YES NO

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*?

YES Number of occurrences: 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?

YES NO

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

YES Number of occurrences:

NO

Other Regulatory History

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)?

YES NO

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?

YES NO

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

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?

YES NO

25) Is there any regulatory investigation underway against an entity you are associated with?

YES NO

If **YES**, please provide details:

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:

Position Held:

Date finished (mm/yyyy):

Charges, Findings of Guilt and Convictions

IMPORTANT INFORMATION

If you currently live in Australia or if you have lived in 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.

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

27) Have you only lived in Australia during the last 10 years?

YES NO

If **YES** to Q27, an NPC **must** be provided.

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

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?

YES NO

b. Have you ever participated in a Diversion Program or any like proceedings?

YES NO

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:

Nature of Offence/Charge:

Date (dd/mm/yyyy):

Jurisdiction*:

Result (if known):

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:

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

Financial Particulars

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:

NO

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:

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

YES NO

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

Have further details been provided on an attachment page?

YES NO

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?

YES Number of occurrences:

NO

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:

Have further details been provided on an attachment page?

YES 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?

YES NO

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

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

Have further details been provided on an attachment page?

YES NO

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

YES NO

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?

YES NO

* "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)

YES NO

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

Financial Institution or creditor:

Total amount owing: Total amount in default:
\$ \$

Number of days payment is overdue:

Financial Institution or creditor:

Total amount owing: Total amount in default:
\$ \$

Number of days payment is overdue:

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 NO

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

Responsible Gambling

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.

YES

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

YES

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:

Bookmaker registration – sole trader

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		

Strictly confidential

Bookmaker registration – sole trader

(b) Australian tax year ended 30 June (insert applicable year)

Applicant

Spouse/de facto

	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

	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

	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

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

SCHEDULE A - Cash at financial institutions

List below all accounts, foreign and domestic, maintained by you solely or in conjunction with another person(s).

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

SCHEDULE B - Accounts receivable

List below all accounts receivable held by you solely or in conjunction with another person(s). For those not solely held by you, indicate the percentage (%) you hold.

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

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.*

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

SCHEDULE D - Business investment

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 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 solely held by you, indicate the percentage (%) you hold.

Entity	Type of entity	No. of shares* or units	% held	Purchase price	Date of purchase	Name in which held	Persons or entities sharing interest and percentage ownership	Market Value

* Shares include US stocks

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	Date of purchase	Market value	Other information

SCHEDULE G - Unsecured loans

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.

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

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.

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

Unsecured loans = US notes payable | Secured loans = mortgages

SCHEDULE I - Other liabilities

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

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

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.

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

Unsecured loans = US notes payable Secured loans = mortgages

SCHEDULE K - Sources of income and other benefits

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.

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

Schedule L – Directorships/Secretary roles

Entity Name	Role	Business Description

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):

(‘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:

Signature of authorised officer

Date:

(Day/Month/Year)

Witness:

Signature of witness

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

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.

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:

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: