

# Approval as an associated entity

MULTI031224

This form contains the application and information material for approval as an associated entity.

## How to apply

Send application via email to:

[contact@vgccc.vic.gov.au](mailto: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](http://vgccc.vic.gov.au) to access this Act.

### Select the option relevant:

- Venue operator licence (non-ASX)
- Manufacturer, supplier, tester
- Bingo Centre Operator
- Commercial Raffle Organiser
- Bookmaker - corporate

# Request for approval as an associated entity Lodgement Guide

## Directions for completion

### Answer every question and use **BLOCK** letters-

- If a question does not apply, or if there are no details to disclose in response to a particular question, print N/A (not applicable) in response.
- If the space available is insufficient, please supply the required information on an attachment page/s. If you do so, begin each answer with the title and reference of the question you are responding to.

### Prior to lodging this application, please ensure that you have attached all required items.

**The application form will be returned to you if you do not provide a response to all applicable questions or if all required attachments are not enclosed.**

### The following documentation, where applicable, must be submitted with this application:

- Associated Individual and Entity forms, completed by associates identified must be completed and include all required attachments.
- Historical Organisational Extract (only applicable if the associated entity is a company) – on website
- Accountant or Auditor's Statement and Summary of financial information – refer to Attachments 2 and 2(a).
- Business Credit File – on website
- A **copy** of independent documentation confirming the court outcome or, if settled out of court, a **copy** of the settlement agreement – if applicable
- Financial Information Release form
- Consent for release of information by law enforcement agencies
- Authorisation by an associated entity
- A **copy** of Trust Deed (only applicable if the associated entity is a corporate trustee).

# Request for approval as an associated entity

## Details of licensee/registered operator

1) Seeking approval as an associate of (select appropriate and include the licensee/registration name and number if applicable)

- a. Listing on the Roll of Manufacturers, Suppliers and Testers
- b. Venue Operators Licence Non ASX listed (Club or Hotel)
- c. Bingo Centre Operator
- d. Commercial Raffle Organiser
- e. Bookmaker Corporate

Licensee/Registered Operator's name:

Licence/Registration number (if applicable):

2) This application is a:

- a. New licensee/registration pack
- b. Renewal licensee/registration pack
- c. Stand-alone to an existing entity

3) Reason for classification as an associate (tick appropriate box/es):

- a. Ultimate holding company of the applicant/licensee
- b. Related party, subsidiary or subsidiary company (as defined by the Australian Corporations Law) of the applicant/licensee
- c. Shareholder of the applicant/licensee
- d. Partner of the applicant/licensee
- e. Unit holder of the applicant/licensee who, by virtue of the Trust Deed, is empowered individually or as a group to remove/change the Trustee or to influence the Trustee's decisions.

- f. Other – explain below reason for classification as an associate:

## Associated Entities particulars

4) Name of associated entity:

5) Current residential address:

6) Postal address (if same as registered office address, write 'as above')

7) Contact Details:

Email address:

Contact number:

8) Details of authorised officer completing this form on behalf of the associated entity:

Authorised officer's name:

Position with associated entity:

(Company director, secretary, treasurer, president, etc.)

Email address:

Contact number:

**Note:** The authorised officer must complete an Associated Individual form.

**9)** Has the associated entity operated or does it intend to operate under any other business name/s?

 YES  NO

If **NO**, proceed to Q10. If **YES**, provide details below.

**10)** Has the associated entity's name or business/trading name changed in the last three (3) years?

 YES  NO

If **NO**, proceed to Q11. If **YES**, provide details below.

Name changed from:

Name changed to:

Date of change (dd/mm/yyyy):

Name changed from:

Name changed to:

Date of change (dd/mm/yyyy):

Name changed from:

Name changed to:

Date of change (dd/mm/yyyy):

Name changed from:

Name changed to:

Date of change (dd/mm/yyyy):

**11)** Has the Associated Entity ever been investigated by a regulatory body or law enforcement agency? (e.g. ASIC, APRA, ACCC)

 YES  NO

If **NO**, proceed to Q12. If **YES**, provide details below.

Number of occurrences:

Name of regulatory body:

Nature of action:

Date of hearing (if known) (dd/mm/yyyy):

Result:

Have further details been provided on an attachment page?

 YES  NO

### Legal action

**12)** Has the Associated Entity ever been the defendant respondent to any legal action in the past 10 year (including in progress)?

 YES  NO

If **NO**, proceed to Q13 (**Note:** Failure to disclose relevant legal action will delay determination of any new venue operator's licence connected to this application).

If **YES**, provide the following details:

Number of occurrences:

Nature of legal action:

Plaintiff:

Jurisdiction\*:

Result/settlement:

Court or tribunal where matter was heard (if applicable):

Case number issued by court/tribunal (if known):

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

If a matter has been finalised 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 or settlement agreement attached?

YES  NO

Have further details been provided on an attachment page?

YES  NO

**13)** Is there any legal action currently being pursued against the associated entity?

YES  NO

If **NO**, proceed to Q14 (**Note:** Failure to disclose relevant legal action will delay determination of any new licence connected to this application).

If **YES**, provide the following details for each action:

Nature of legal action:

Plaintiff:

Jurisdiction\*:

Court or tribunal where matter is scheduled to be heard (if applicable):

Case number issued by court/tribunal (if known):

Next scheduled hearing date (dd/mm/yyyy):

Have further details been provided on an attachment page?

YES  NO

### Racing and gambling history

**14)** Has the Associated Entity ever applied for any racing or gambling industry licence, approval, authorisation or registration?

YES  NO

If **NO**, proceed to Q15. If **YES**, provide the following details for each application and then proceed to Q15.

**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/Gambling 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

Licence No. (if known):

Date of application (mm/yyyy):

Name of Racing/Gambling Regulator (if known):

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

Reason for refusal or withdrawal:

Have further details been provided on an attachment page?

YES  NO

**15) a.** Has the Associated Entity ever been the subject of disciplinary action, regulatory breaches or had an application for any licence or permit refused?

YES  NO

If **NO**, proceed to Q16. If **YES**, provide the following details:

Number of occurrences:

Type of licence, approval etc:

Licence No. (if known):

Jurisdiction\*:

Name of Racing/Gambling Regulator (if known):

Details of regulatory breaches, action taken or any special conditions or restrictions imposed on a licence, approval, etc. Please specify dates of breaches, enforcement actions and conditions:

Have further details been provided on an attachment page?

YES  NO

**15) b.** Is there any regulatory investigation underway against the associated entity that you are aware of?

YES  NO

If **YES**, please provide details:

## Charges, findings of guilt and convictions

**16)** Has the Associated Entity ever been charged with, or found guilty of, a criminal offence, or been investigated by a law enforcement agency for an alleged offence against the Associated Entity?"

YES  NO

If **NO**, proceed to Q17.

If **YES** give details below and indicate on an attachment page if the current ownership or management structure of the Associated Entity (e.g. directors, shareholders, trustees, beneficiaries, etc.) differs in any way from its ownership or management structure at the time of the offence(s):

Number of occurrences:

Nature of offence:

Date (dd/mm/yyyy):

Jurisdiction\*:

Result of hearing or other disposition:

Have further details been provided on an attachment page?

YES  NO

**17)** Has the Associated Entity ever taken part in a Diversion Program?

YES  NO

If **NO**, proceed to Q18. If **YES**, provide the following details:

Number of occurrences:

Nature of investigation or charge:

Jurisdiction:

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

Have further details been provided on an attachment page?

YES  NO

**18)** Is there any investigation or charge currently pending against the associated entity in respect of any offence?

YES  NO

If **NO**, proceed to Q19. If **YES**, provide the following details:

Nature of investigation or charge:

City or town:

Jurisdiction\*:

Have further details been provided on an attachment page?

YES  NO

### Corporate structure and establishment of associates

#### IMPORTANT INFORMATION

##### Historical Organisational Extract from the Australian Securities and Investments Commission (ASIC)

##### Associated Entities incorporated under Australian Corporations Law

All associated entities incorporated under Australian Corporations Law must lodge with this application form a Historical Organisational Extract from ASIC (refer to instructions on website).

##### Associated Entities not incorporated under Australian Law

A Historical Organisational Extract from ASIC is **not** required for an entity which is not registered with ASIC or **not** incorporated under Australian Corporations Law. Instead, to assist the VGCCC with its investigations it is requested that an entity based outside Australia seek an equivalent report from the relevant overseas agency to be forwarded for the VGCCC's consideration. For further details about Historical Organisational Extracts and the type of information contained in the report, refer to the instructions contained on website.

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

**19)** Is the Historical Organisational Extract or an overseas equivalent report attached?

YES  NO

If **YES**, proceed to Q20.

If **NO**, is an equivalent report from the regulatory authority in each of those jurisdictions attached?

YES  NO  N/A

Have further details been provided on an attachment page?

YES  NO

**20) a.** State below how the profits of the associated entity are to be distributed (e.g. distributions to beneficiaries, trusts, dividends to shareholders, capital investment, etc):

**20) b.** Provide details of profit distribution by the associated entity for the last three (3) financial years (include amounts of distribution and the names of beneficiaries of any distribution):

Have further details been provided on an attachment page?

YES  NO

#### If the associated entity is a COMPANY, complete Q21 to Q29

**21)** Date of incorporation (mm/yyyy):

Place of incorporation:

Australian Company Number (ACN, or overseas equivalent if applicable):

Australian Business Number (ABN, if applicable):

**22) a.** State below how the profits of the Associated Entity are to be distributed (e.g. distributions to beneficiaries, trusts, dividends to shareholders, capital investment, etc.)

**b.** Provide details of profit distribution by the Associated Entity for the last three (3) financial years (include amounts of distribution and the names of beneficiaries of any distribution)

Have further details been provided on an attachment page?

YES  NO

**23)** List the ultimate holding company, as defined in Australian Corporations Law, of the associated entity (if applicable).

- 'ultimate holding company' – a corporation that is a holding company of the company lodging the associated entity form and is itself a subsidiary of no other corporation.

Ultimate holding company's name:

**24)** List below details of any entity having control or significant influence over the financial and operating decision making policies of the entity currently seeking approval as an associate.

**Note:** Include the registered and commonly used business name of each entity.

**i.** Registered name:

Australian Company Number (or overseas equivalent if applicable):

Business name:

Nature of organisation's business:

Relationship to the associated entity:

**ii.** Registered name:

Australian Company Number (or overseas equivalent if applicable):

Business name:

Nature of organisation's business:

Relationship to the associated entity:

Have further details been provided on an attachment page?

YES  NO

**25)** Give the total number of ordinary shares (voting and income entitlement shares) and preference shares (income entitlement shares only) of the associated entity:

**a.** ordinary shares (voting and income entitlement shares):

Total number:

**b.** preference shares (income entitlement shares only):

Total number:

**26)** List below the names of all shareholders who hold five (5) per cent or more of the total number of shares in the associated entity, and the number of shares held by each:

Full name of shareholder:

Class of share:

No. of shares held



Full name of shareholder:

Class of share:

No. of shares held

Full name of shareholder:

Class of share:

No. of shares held

Full name of shareholder:

Class of share:

No. of shares held

Full name of shareholder:

Class of share:

No. of shares held

Full name of shareholder:

Class of share:

No. of shares held

Full name of shareholder:

Class of share:

No. of shares held

**Note:** Shareholders with 10 per cent or more of income entitlement and/or voting right shares **must** complete an Associated Entity or Associated Individual form as appropriate. The VGCCC may at its discretion require any other shareholder in the associated entity to complete an Associate form.

**27)** Do any of the shareholders holding 5 per cent or more of shares in the associated entity hold those shares on behalf of or in trust for any person or entity?

YES  NO

If **NO**, proceed to Q28. If **YES**, provide details below:

Shares held by:

Full name of beneficial owner:

No. of shares held

Shares held by:

Full name of beneficial owner:

No. of shares held

Shares held by:

Full name of beneficial owner:

No. of shares held

**Note:** Any beneficial owner of shares named in response to Q27 holding a total of 10 per cent or more of ordinary or preferential shares **must** complete an appropriate Associate form.

**28)** List below the names of all current company directors and the company secretary (if a **company**) or the names of all current committee members and the secretary (if an **incorporated association**).

Name of office holder

Position held

**Note:** All individuals identified above must complete an Associated Individual form.

**29) a.** Provide details of the Company's management structure, including each executive position within the structure and the name and date of birth of any persons currently filling those positions:

Have further details been provided on an attachment page?

YES  NO

**29) b.** Is the associated entity a corporate trustee?

YES  NO

If **NO**, proceed to Q30. If **YES**, complete the following:

Name(s) of Trust:

Address:

Type of Trust (tick only one):

Discretionary Trust  Unit Trust

A **copy** of the Trust Deed must be provided. Is a **copy** of Trust Deed attached?

YES  NO

**29) c.** List below details of the individuals and/or entities that are beneficiaries or unit holders of the trust:

Full name:

Company  Individual (tick appropriate box)

% of ownership:

Voting:

Income:

Full name:

Company  Individual (tick appropriate box)

% of ownership:

Voting:

Income:

Full name:

Company  Individual

% of ownership:

Voting:

Income:

Full name:

Company  Individual (tick appropriate box)

% of ownership:

Voting:

Income:

29) d. Specify which of the beneficiaries/unit holders of the trust received 10 per cent or more of the Trust's income distribution in any one of the last three (3) years:

29) e. Identify below any trust beneficiaries/unit holders with 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:

**Note:** All beneficiaries or unit holders identified at Q28(e) must complete an Associated Entity or Associated Individual form as appropriate.

Have further details been provided on an attachment page?

YES  NO

**If the associated entity is a PARTNERSHIP, complete Q30**

30) Partnership's Australian Business Number (ABN):

List below the details of the individuals and/or entities that constitute the partnership:

Full name:

Company  Individual

% of ownership:

Voting:  Income:

Full name:

Company  Individual

% of ownership:

Voting:

Income:

Full name:

Company  Individual

% of ownership:

Voting:

Income:

Full name:

Company  Individual

% of ownership:

Voting:

Income:

**Note:** All partners with a partnership interest of 10 per cent or greater of income or voting entitlements **must** complete an Associated Entity or Associated Individual form as appropriate.

Have further details been provided on an attachment page?

YES  NO

## Financial Particulars

### ACCOUNTANT OR AUDITOR'S STATEMENT

The Accountant or Auditor's statement must be completed and provided with this application.

#### Holding Company's Accountant or Auditor's statement.

An Accountant or Auditor's statement must be completed and provided with this application in respect of the holding company.

#### Summary of financial information

In addition to providing an accountant or auditor's statement, the applicant must provide a summary of financial information for the three most recent completed financial years. 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 VGCC 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*.

#### IMPORTANT INFORMATION

##### Business Credit File

All associated entities (whether a company or an incorporated association) must lodge with this application form a Business Credit File from either illion or Equifax (refer to instructions on website). Only matters not reported in this credit report should be disclosed when responding to Q32.

#### IMPORTANT INFORMATION

##### Companies not incorporated under Australian Corporations Law

31) Is an Accountant or Auditor's statement for the Applicant or, where applicable, the holding company attached?

YES

32) Is a Business Credit File attached?

YES

33) Other than what has been disclosed on the Credit File, is the Associated Entity 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 Q34. If **YES**, complete the following details (Note: All amounts must be stated in Australian currency):

Number of occurrences:

Financial institution or creditor:

Amount owing (total amount):

\$

Amount in default (total amount):

\$

Date payment was due (dd/mm/yyyy):

Have further details been provided on an attachment page?

YES  NO

34) Has the Associated Entity 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 involved in other similar proceedings? (**Note:** Include any pending arrangements known to the associated entity)

YES  NO

If **NO**, proceed to Q35. If **YES**, provide details below:

Number of occurrences:

Type of proceedings:

Date action taken (dd/mm/yyyy):

Reason for action taken:

Details of administrator, liquidator, receiver, controller, regulatory body or law enforcement agency:

Name:

Contact number:

Have further details been provided on an attachment page?

YES  NO

**35)** Other than what has been disclosed on the Credit File, has the Associated Entity ever been subject to bankruptcy or any insolvency arrangements?

YES  NO

If **NO**, proceed to Q36. If **YES**, complete the following and provide details of circumstances leading to bankruptcy/arrangement proceedings on an attachment page.

Number of occurrences:

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

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

**Note:** If you are a discharged bankrupt, a **copy** of your Certificate of Discharge From Bankruptcy must accompany this application (Do not send the original certificate).

Is a copy enclosed?

YES  NO

**36)** Is the Associated Entity the guarantor for someone else's debt or loan?

YES  NO

If **NO**, proceed to Q37.

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  NO

If **YES**, provide details below:

Number of occurrences:

Have further details been provided on an attachment page?

YES  NO

**37)** Provide the name and full address of all financial institutions and other sources with which the associated entity has accounts, borrowings or investments:

**i.** Financial institution/source name:

Branch/source address:

Nature of account:

**ii.** Financial institution/source name:

Branch/source address:

Nature of account:

**iii.** Financial institution/source name:

Branch/source address:

Nature of account:

Have further details been provided on an attachment page?

YES  NO

**38)** Do you have any other associations within the gambling industry? If **YES**, please provide:

Type of association:

Entity associated with:

State or country of operations:

## Declaration by authorised officer

have been authorised by the Associated Entity to complete this application form and:

- i. acknowledge that I have read and understood the questions in this application form and the directions for answering them
- ii. confirm that I have answered the questions truthfully and completely to the best of my knowledge
- iii. consent to all information relating to the associated entity, in or pursuant to this application form, whether provided verbally or in writing, being made available to the applicant for a venue operator's licence in the event that the information and material provided by me may raise matters which the VGCCC considers should be provided or discussed with the applicant.

Signature of authorised officer:

Date (day/month/year):

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

Signature of witness\*:

Date (day/month/year):

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

## Payment details

### IMPORTANT INFORMATION

The prescribed fee must accompany this application. Please note that once an application has been registered, the application fee is non-refundable.

**Note:** To confirm the current fee, refer to the 'Gambling fees and fines' information sheet available at [www.vgccc.vic.gov.au](http://www.vgccc.vic.gov.au). The application fee can be paid by credit card (Visa or MasterCard) payment.

**Privacy** – the VGCCC is committed to responsible and fair handling of personal information consistent with the *Policy and Data Protection Act 2014* and its obligations under the *Gambling Regulation Act 2003*. This page will be destroyed once your payment has been processed.

# Financial information release form

## Gambling Regulation Act 2003

In the matter of this request for approval as an associate of an applicant for the holder of a licence or registration by:

**Name** (Full name of applicant):

**Address** (Full address of applicant):

**Authorised officer** (Full name of authorised officer signing the form on behalf of the associated entity):

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

- (a). To allow the VGCCC and its staff or any other person appointed in writing by the VGCCC, to inspect and obtain a copy of any document, record or correspondence in the possession or under the control of any person, which contains information pertaining to the associate (or to the associate and another person and to any subsidiary, related body corporate, trust or partnership to which the associate 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 person who has the management or care of business or financial matters on behalf of the associate.
- (b). To answer written or verbal queries of and to provide information (by any means) to the VGCCC and its staff or any other person appointed in writing by the VGCCC to undertake the authorised actions, about the financial resources of the associate.

### Authorised purposes

To enable the VGCCC to be satisfied, in considering the suitability of an associate of an applicant for or the holder of a licence or registration, that the applicant and its associates have desirable and satisfactory financial resources and, in conducting on-going monitoring, that those financial resources continue to be desirable and satisfactory.

### 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 the applicant is no longer an associated entity of a licence or registration holder; or
- the expiry of any licence or registration (if granted).

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

Signature of applicant:

(Signature of authorised officer on behalf of the associated entity)

Dated (dd/mm/yyyy)

Position:

(Authorised officer's position e.g. director, secretary)

### Notes

1. This **financial information release form** is approved for the purposes of section 10.4.5 (1)(d) of the *Gambling Regulation Act 2003*. Among the people to whom it is intended to be produced are banks and other financial institutions, solicitors, accountants, financial advisers and any other person or organisation who has lent money to or borrowed from the associate.
2. In this **financial information release form**-reference to a member of staff of the VGCCC is reference to a person employed by the VGCCC to assist in the administration of the *Gambling Regulation Act 2003*.

# Consent for release of information by law enforcement agencies

## Gambling Regulation Act 2003

In the matter of this request for approval as an associate of an applicant for the holder of a licence or registration 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 (VGCCC) and its staff, including but not limited to:

- a)** Inspection of criminal, intelligence or other records kept or maintained by:
- the Victoria Police
  - any crime investigation agency
  - any gambling regulatory body
  - any Court
  - any State, Territory, federal or overseas police force
  - any corporate regulatory agency
  - any casino regulatory body
  - any government agency
- (collectively referred to as 'law enforcement agencies')
- 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.

### Acknowledgement

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 the applicant is no longer an associated entity of a licence or registration holder; or
- the expiry of any licence or registration (if granted).

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

### Execution as a deed

Signed:

Signature of authorised officer

Witness:

Signature of witness

Dated:

(Day/Month/Year)

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

Dated:

(Day/Month/Year)



# Authorisation by Applicant Under Section 10.1.32(1)(a)

## Gambling Regulation Act 2003

### Who must complete this form?

This form **must** be completed for **all** entities requesting approval as an associated entity of an applicant for a new or renewal of licence/registration. You **must** read the following and important information and complete the form below. If you are seeking approval as a new associate of the holder of a current licence/registration, you are **not** required to complete this form.

### Important Information

By completing this form, you will indicate your decision to authorise or not authorise the Victorian Gambling and Casino Control Commission (the VGCCC) and its staff to disclose the information outlined below. The VGCCC and its staff are bound by Division 6 of Part 1 of Chapter 10 of the *Gambling Regulation Act 2003*, which contains strict confidentiality provisions. Any protected information that is recorded in this document is subject to Division 6 of Part 1 of Chapter 10 of the Act and cannot be disseminated except in accordance with those provisions. A copy of the relevant sections of the Act is provided with this application. If endorsed, VGCCC staff will be authorised to advise the licence applicant (to which this request for approval relates) that information obtained by the VGCCC in relation to your associated entity form requires further assessment or investigation. The final determination of the licence application may be delayed pending the outcome of the assessment/investigation of your associated entity form.

Your endorsement of the following form **does not mean** you allow the release of any information or details contained in your associated entity form, or the release of any information obtained by the VGCCC in the course of its investigations.

The **only** information provided to the licence applicant will be the fact that the application for such a licence will be delayed pending the outcome of the assessment/investigation of your associated entity form.

You do not have to authorise the release of this information. However, if you do not, it may significantly delay any application this associated entity form relates to. Indicate your decision to authorise or not to authorise the release of this information by choosing the appropriate choice in the below form. If you have any questions regarding this matter contact the VGCCC on telephone 1300 182 457 or email your enquiry at [contact@vgccc.vic.gov.au](mailto:contact@vgccc.vic.gov.au).

### Authorisation by Associate

In accordance with section 10.1.32(1)(a) of the *Gambling Regulation Act 2003*.

#### Associated entity details:

Name (full name of applicant):

 of

Address (full address of associate):

 ('associate')

Authorised officer (Full name of authorised officer signing the application on behalf of the associated entity):

#### Authorisation

The associate hereby

**AUTHORISES** or  **DOES NOT AUTHORISE**

the VGCCC and its staff to inform the applicant to which this Associated Entity form relates that determination of the application may be delayed due to assessment of this form requiring further or additional investigation.

Signature of associate:

(Signature of authorised officer on behalf of the associated entity)

Dated (dd/mm/yyyy)



Approval as an associated entity

# Attachment 2 – Associated Entity – Accountant or Auditor’s Statement

## Gambling Regulation Act 2003

### Background

In the matter of this application, and for the purposes of ongoing monitoring, Section 10.4A.1 of the *Gambling Regulation Act 2003* requires the Commission to consider whether an applicant is of ‘sound and stable financial background’.

The following statement is to be completed by a Certified Practising Accountant or Associate Chartered Accountant. This statement is provided for the sole purpose of assisting the Commission to assess an application made under the *Gambling Regulation Act 2003*.

Name of Associated Entity:

Name of accountant or auditor:

Accountant or auditor’s address:

Qualification:  Certified Practising 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:

# Attachment 2(a) – Associated Entity – Summary of financial information

## Gambling Regulation Act 2003

### Background

As well as providing an accountant or auditor's statement, the applicant is required to 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 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*.

<b>Profit &amp; Loss Statement</b>	<b>Year ended:</b>	/ /	/ /	/ /
Total Sales/Revenue				
Less: Cost of Sales				
Gross Operating Profit				
Other Income ( <i>please specify</i> ):				
<b>Total Income</b>				
Less: Operating Expenditure				
<b>Net Profit/(Loss) before taxation</b>				
Less: Taxation Payable				
<b>Net Profit/(Loss) after taxation</b>				
<b>Profit &amp; Loss Appropriation</b>				
Net Profit/(Loss) after taxation				
Retained Profits/(Losses) b/fwd				
Distribution to Beneficiaries				
Dividends declared/paid				
Others ( <i>please specify</i> ):				
<b>Retained Profits/(Losses) c/fwd</b>				
<b>Current assets</b>	<b>Year ended:</b>	/ /	/ /	/ /
Cash & deposits				
Trade debtors				

Inventories			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Others (please specify):			
<b>Total current assets</b>	<b>a</b>		

**Non-current assets**

Property, plant & equipment			
Intangible assets			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Others (please specify):			
<b>Total non-current assets</b>	<b>b</b>		
<b>Total assets (a + b)</b>	<b>c</b>		

**Current liabilities**

Bank overdraft & loans (secured)			
Trade creditors			
Sundry creditors			
Amounts owing to related parties/entities			
Amounts owing to shareholders/unit-holders			
Tax/GST liabilities			
Others (please specify):			
<b>Total current liabilities</b>	<b>d</b>		

**Non-current liabilities**

Bank overdraft & loans (secured)			
Amounts owing to related parties/entities			
Amounts owing to shareholders/unit-holders			
Provisions			
Others (please specify):			
<b>Total non-current liabilities</b>	<b>e</b>		
<b>Total liabilities (d + e)</b>	<b>f</b>		
<b>Net assets (c - f)</b>	<b>g</b>		

Equity	Year ended:			
Issued capital/settlement sum		/	/	/
Reserves				
Retained profits/(losses)				
Others (please specify):				
<b>Total equity</b>	<b>h</b>			

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

### Declaration by authorised officer

I, the authorised officer of the applicant declare and confirm that the attached audited financial statements or the summary of financial information provided are true and correct on the understanding that the applicant and myself are reliable to prosecution for providing false and misleading information.

Name of Authorised Officer:  Signature of Authorised Officer:  Date:

### Directors declaration

The persons listed below declare that we are the Directors of the applicant and that we have enquired into the financial affairs of the applicant. We declare that we are satisfied that at the time of making this application, the applicant is able to pay its debts as and when they become due and payable.

Name of Director:  Signature of Director:  Date:

Name of Director:  Signature of Director:  Date:

Name of Director:  Signature of Director:  Date:

Name of Director:  Signature of Director:  Date: