**Gambling Application kit** 

### Application for an associated individual

MULTI071224

### This form contains the application and information material to apply as an associated individual.

1) Seeking approval as a 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 (Club or Hotel) and not ASX Listed	<ul> <li>a. Part of a new licensee</li> <li>a. Part of a renewal licensee</li> <li>c. New associate to an existing entity</li> </ul>
<b>c.</b> Bingo Centre Operator	How to apply
d. Commercial Raffle Organiser	
e. Bookmaker	Send application via email to: <u>contact@vgccc.vic.gov.au</u>
Licensee/registration name:	
Licensee/registration number:  2) Are you associated with any other licence/registration holder?	Privacy Policy Statement – The VGCCC is committed to responsible and fair handling of personal information consistent with the <i>Privacy and Data Protection Act 2014</i> and its obligations under the <i>Gambling Regulation Act 2003</i> Confidentiality Provisions – Information provided in your application must not be disclosed by the VGCCC or its
YES NO  If <b>YES</b> , please provide licence/registration name/s and number/s:	staff to someone else, except for the purposes provided for under Division 6 of Part 10 of the Act. You may access these provisions at vgccc.vic.gov.au.

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### **Lodgement Guide**

### Approval as an associated individual

### **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. Begin each answer with the title and reference of that question.
- Venue operator and associates where the operator has less than five venues or underlying beneficial owner is associated to less than five venues, the applicant only needs to provide the last financial year's tax return and Notice of Assessment.

This application form will be returned if any Question is not answered or if all required items listed below are not attached or if the correct fee is not paid.

The below documents must be obtained not more than three months before this application is lodged. You must ensure that all

name	es noted are listed across all documents.
	Obtain your Historical Personal Name Extract from the Australian Securities and Investments Commission (ASIC) and/or an equivalent report from other jurisdiction/s. If you have never been a director or secretary of a company registered with ASIC, they will provide you with a letter confirming this.
	Obtain your <b>original</b> National Police Certificate (NPC) if:
	<ul> <li>If you have lived in Australia during the last 10 years you are required to obtain an NPC from an authorised provider (refer to website) or</li> </ul>
	<ul> <li>If you have lived outside of Australia in the last 10 years you are required to obtain a police clearance from the country that you have lived in.</li> </ul>
	A <b>copy</b> of both your tax return and Notice of Assessment from the Australian Tax Office for:
	• The past three financial years.  Note: Equivalent documentation is required from the relevant jurisdiction if the Australian Tax Office is not applicable.
	Credit Report and/or an equivalent report from the relevant overseas agency.
	Activities and background impacting suitability: Provide details of any activity or background of an individual or entity with whom the Associate is, or has been, associated that is such activity or background becomes public knowledge would impact on the Associates suitability as an Associate of the applicant.
	Schedules A - L must be completed





### Application for an associated individual

IMPORTANT INFORMATION	in Fig., provide additional actuals sciow.
A letter from the licensee/registered entity <b>must</b> be	Name changed from:
provided with this application which explains and provides details of your association with the licensee/	
registered entity, whether the association is direct or via an	
associated entity.	Name changed to:
Examples of reasons that may result in you being captured	
as an associate include where you are or will be a director,	Date of change (dd/mm/yyyy):
secretary, shareholder, executive officer etc of the licensee/ registered entity or an associate of an associated entity of	3 \ 33337
the licensee/registered entity.	
<b>Note:</b> Where the letter is provided by a licensee/registered	Name changed from:
entity that is a roll listee and/or holds or ultimately controls multiple licences, details in relation to your association with	
each licensee is required.	Name changed to:
	rame changed to.
Personal Particulars	
	Date of change (dd/mm/yyyy):
4) a. Personal Details:	
Surname:	c. Have you had any legal name changes?
	C. Have you had any legal hame changes:
	YES NO
First Name:	
	If <b>NO</b> , proceed to Q5. If <b>YES</b> , provide additional details below:
Middle Name(s):	Name changed from:
Dotto of Dieth (dougles onth (comp)	N
Date of Birth (day/month/year):	Name changed to:
Place of birth (country and state or region):	Date of change (dd/mm/yyyy):
	Name changed from:
Arrival date in Australia (if applicable):	Name changed from:
<b>b.</b> Are you currently known or have you previously been	Name changed to:
known by another name(s), including any alias(es),	
Anglicised name(s), maiden name, married name(s) and	Data of alconomical delication in a
name(s) changed via deed poll?	Date of change (dd/mm/yyyy):
YES NO	

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Have further details been provided on an attachment page?	
YES NO	
5) Current Residential Address:	<ul> <li>b. 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.</li> <li>YES</li> <li>IMPORTANT INFORMATION</li> </ul>
Country	Q10 relates to any business interests, directorships or partnerships (either within or outside Australia) <b>not</b> already disclosed in any ASIC Extract you may have provided with this form, i.e. details of any other:
No. of years resident in this country:	<ul> <li>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</li> </ul>
No. of years resident at this address:  Note: If at the above address for less than ten years, provide	<ul> <li>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.</li> </ul>
details, including dates (month/year), at each previous	
address on an attachment page.  Have further details been provided on an attachment page?	9) List below any business interests, directorships or partnerships (either within or outside Australia), apart from those already disclosed in any ASIC Extract you may have
YES NO	provided:
6) Postal address (if same as Q5, write 'as above'):	
7) Contact details:	
Contact number:	
Email address:	
Business interests	
8) a. Is your original Historical Personal Name Extract from ASIC enclosed?	Have further details been provided on an attachment page?
YES	YES NO
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Victorian Gambling and Casino Control Commission





### Legal action Note: A business association includes cases where you are or were a director or office holder of a company or partner in a partnership at the time the legal action was taken against the company or partnership. A business association includes cases where the Associate is or was a director or office holder of a company or partner in a partnership at the time the legal action was taken against the company or partnership. Associates are not required to provide details of litigation taken or currently in progress that relate to: • litigation where damages or other remedies are valued at less than \$200,000; • litigation that relates to commercial disputes that do not also involve claims of bad faith, misleading or deceptive conduct or breaches of corporate or other standards against the Associate; · litigation that relates to workplace disputes; • litigation that was dismissed by consent. Associates should note that the VGCCC reserves the right to request information in relation to these excluded types of litigation when conducting its probity investigations. 10) 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 (including in progress)? YES NO

If <b>YES</b> , provide the following details:
Number of occurrences:
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:

* "Jurisdiction" means the Sta and locality	ate or Territory and	if outside Australia, the countr
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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 <b>copy</b> 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 N/A
Have further details been provided on an attachment page?
YES NO
Industry History
11) a. Have you ever applied, either personally or via a business association (i.e. as an office holder of a company), for any gambling industry licence, concession, approval, authorisation or registration?
YES NO
If <b>NO</b> , proceed to Q12. If <b>YES</b> , provide the following details for each application. <b>b.</b> 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





Commission

<b>12)</b> Have you personally, or any entity that you have been an	Name of Gambling Regulator (if known):
officer of, ever been investigated by a regulatory body or law enforcement agency (e.g. ASIC, APRA, ACCC)?	
idw emorcement agency (e.g. ASic, APRA, ACCC)?	
YES NO	Provide details of action taken or any special conditions or restrictions imposed on a licence, approval etc on an
	attachment page.
If <b>NO</b> , proceed to Q13. If <b>YES</b> , provide the following details:	Have further details been provided on an attachment page?
Number of occurrences:	
	YES NO
Date (mm/yyyy):	<b>14)</b> Have you ever been employed by the Victorian Gambling
	and Casino Control Commission or its predecessors?
Name of Gambling Regulator (if known):	
	YES NO
	If <b>NO</b> , proceed to Q15. If <b>YES</b> , provide the following details:
Reason for probity assessment:	
	Position Held:
Have further details been provided on an attachment page?	
	Date finished (mm/yyyy):
YES NO	
13) Have you personally, or any entity that you have been	
an officer of, ever been the subject of disciplinary action,	<b>15)</b> Have you ever been excluded from a casino, racecourse, gaming venue or online wagering provider?
regulatory breaches, enforcement, or had an application	gaming venue or online wagering provider?
for any licence or permit refused? Have you personally ever been disqualified from involvement in the management of	YES NO
an entity?	
( <b>Note</b> : Include details of any special conditions or restrictions	If <b>NO</b> , proceed to Q16. If <b>YES</b> , provide details on an attachment
imposed on a licence, concession etc. Include active or	page.
pending matters.)	Number of occurrences:
YES NO	
If <b>NO</b> , proceed to Q14. If <b>YES</b> , provide details below.	Have further details been provided on an attachment page?
	YES NO
Number of occurrences:	
Type of action taken (tick appropriate box):	
suspension; cancellation; amendment;	
revocation; or subject to disciplinary action	
Type of licence, approval etc:	
Jurisdiction*:	
Licence No (if known):	
* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality	





### **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 National Police Certificate (NPC) from the Victoria Police (refer to instructions on website). 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 Q16 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 Q16.

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.

16) a. Do you currently live in Australia or have you lived in

Australia during the last 10 years?
YES NO
If <b>YES</b> to Q16(a), an NPC must be provided.
<b>b.</b> Do you currently live outside Australia or have you lived outside Australia during the last 10 years?
YES NO
If <b>YES</b> to Q16(b), 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?

**17) a.** Have you ever been charged with, or found guilty



YES

#### **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 Q4(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.

<b>18)</b> Have you attached your Credit Report and/or an equivalent report from a relevant overseas jurisdiction*?
YES NO
If <b>YES</b> , proceed to Q19. If <b>NO</b> , 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
Number of occurrences:
<b>19) a.</b> Other than what has been disclosed your Credit Report, have you personally ever been subject to bankruptcy or any insolvency arrangements?
YES NO
If <b>YES</b> to Q19(a), 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:

Contact number:	
Contact nomber.	_
<b>b.</b> Are bankruptcy or any like proceedings pending, in any jurisdiction*?	
YES NO	
If <b>YES</b> , provide details of circumstances leading to these proceedings on an attachment page.	
Have further details been provided on an attachment page?	
YES NO	
20) 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 involved in other similar proceedings?	
YES NO	
Number of occurrences:	
If <b>YES</b> , 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/ manage regulatory body or law enforcement agency:	۶r,
Name:	
Contact number:	

Address:





 $^{\star}$  "Jurisdiction" means the State or Territory and, if outside Australia, the country

and locality

Have further details been provided on an attachment page?	Financial Institution or creditor:
YES NO	
	Tabel assessment on its a (C)
IMPORTANT INFORMATION	Total amount owing (\$): Total amount in default (\$):
You must ensure that a copy of both your tax return and	
your Notice of Assessment from the Australian Tax Office for the past 3 financial years are submitted with your	Number of days payment is overdue:
application.	
<b>21)</b> Have you attached a <b>copy</b> of both your tax return and your Notice of Assessment from the Australian Tax Office for the	Financial Institution or creditor:
past 3 financial years?	
YES NO	Total amount owing (\$): Total amount in default (\$):
22) Other than disclosed on your Credit Report, are you in	
default of any debt repayment or loan (including less than \$5,000)?	Number of days payment is overdue:
\$3,000):	
YES NO	
	Other Associations
Number of occurrences:	<b>24)</b> Do you have any other associations within the gambling
If <b>NO</b> , proceed to Q23.	industry?
<b>23)</b> Are you the personal guarantor for someone else's debt	
or loan? ( <b>Note</b> : Do not include details <b>unless</b> a payment is	YES NO
overdue or in arrears)	If <b>YES</b> , please provide:
YES NO	Type of association:
Number of occurrences:	
	Entity associated with:
If <b>NO</b> , proceed to Q24.	
If <b>YES</b> , is any person or corporation, in respect of whom you have given a guarantee for, in default of any agreements with	State or country of operations:
respect to payment of a debt or loan?	
	<b>25)</b> Do you have any immediate family members that are
YES NO	associated with the gambling industry?
If <b>YES</b> , provide details on an attachment page and complete	YES NO
the following, if <b>NO</b> proceed to Q24:	
Financial Institution or creditor:	If <b>YES</b> , please provide:
	Family member name
Total amount owing (\$):  Total amount in default (\$):	Nature of association
Number of days payment is overdue:	
	Type of association

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Entity associated with	Declaration
	I declare that I have read and understood the questions in this
State or country of operations	application form and the directions for answering them and I have answered the questions truthfully and completely to the best of my knowledge.
I have read and understood the Directions under Section 10.4A.4 to Nominees And Associates Of Gambling Industry Participants.	Signature of applicant:
YES	
I have not had my employment terminated for misconduct in the last 10 years.	Date (day/month/year):
YES	Signature of witness*:
<b>26)</b> Do you have any business or personal relationships with known criminals?	
YES NO	Date (day/month/year):
If <b>YES</b> , please provide details:	
	Print name of witness (*any adult can be a witness):
	Relationship to person making declaration:





# 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
account

# 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.

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





# SCHEDULE C - 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.

be			
alue receiv nembers			
% of total value rece by family members			
e received te			
% of total value received by the Associate by family members			
Total Value AUD\$			
orovision/			
Reason for provision/ purpose			
/e:			
Details of source/ Providers			
Detc			
ived			
Year(s) Received			
unds/ its			
Description of funds/ financial benefits			
Descr			

# SCHEDULE D – 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 (dd/mm/yyyy)	Name in which held	Market value

\*Shares include US stocks

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# SCHEDULE E - Business investment

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. 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 For those not solely held by you, indicate the percentage (%) you hold.

value			
Market value			
interest			
Persons or entities sharing interest and percentage ownership			
or entitie centage o			
Persons and per			
Name in which held			
se Nan			
Purchase Date of purchase Name in price (dd/mm/yyyy) which hel			
<b>Date</b> (dd/n			
Purchase price			
% held			
No. of shares* or units			
tity			
Type of entity			
F.			
Entity			

### \*Shares include US stocks

### SCHEDULE F- 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 (dd/mm/yyyy)	Income	Market value

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## SCHEDULE G – 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.).

## SCHEDULE H – 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.

Collateral			
Purpose			
Maturity date Purpose (dd/mm/yyyy)			
% of Payment/ Interest rate obligation period			
Payment/ period			
% of obligation			
Unpaid balance			
Original amount			
Date of incurredOriginal(dd/mm/yyyy)amount			
Name and address of creditor			





## SCHEDULE I – 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 (dd/mm/yyyy)			
% of Payment/ Interest rate obligation period			
Payment/ period			
% of obligation			
Unpaid balance			
Original amount			
Date of incurredOriginal(dd/mm/yyyy)amount			
Name and address of creditor			

## SCHEDULE J - 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.

Collateral			
Description of Collateral liability			
Purpose			
% of Payment/ Interest Maturity date Purpose obligation period rate (dd/mm/yyyy)			
Interest rate			
Payment/ period			
% of obligation			
Unpaid			
Original amount			
Date of incurred Original (dd/mm/yyyy) amount			
Name and address of creditor			





# SCHEDULE K - 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 of incurred Original	Unpaid	% of Payment/	Payment/	Interest	Payment/ Interest Maturity date Purpose	Purpose	Collateral	Persons liable in
aa/mm/yyyy)	_	ממוכע	opiidanoii		ם נפ	(da/mm/yyyy)			מממונוסוו נס אסס

# SCHEDULE L – Directorships/Secretary

tion		
Business Description		
Role		
Entity Name		





### Consent for release of information by Law Enforcement Agencies

("Consent and Release Form")	
Name (Full name):	
Address (Full address):	

A reference in this Consent and Release Form to the Victorian Gambling and Casino Control Commission (the VGCCC) includes a reference to a member of its staff and any other person appointed in writing by VGCCC.

#### Consent

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

- a) Inspection of criminal, intelligence or other records kept or maintained by:
  - · Australian Federal Police;
  - any casino regulatory body in any jurisdiction;
  - any corporate regulatory agency in any jurisdiction;
  - any gambling 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 or administrative region.
- b) Divulgence of particulars of any convictions, findings of guilt or other information recorded against me and held by a law enforcement agency 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;
  - · investigations, legal proceedings or charges still outstanding;
  - intelligence held by a law enforcement agency howsoever obtained; and
  - any other matters recorded by any law enforcement agency and considered relevant by the VGCCC to its investigation of me as a person associated with a **licensee/registered bookmaker**.

#### Release

In consideration of a law enforcement agency providing particulars of any convictions, intelligence or other information recorded against me, I hereby release 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 me.

#### Acknowledgement

I acknowledge that I have read and understand the terms of this *Consent and Release Form* and I have had the opportunity to obtain independent legal advice before signing this *Consent and Release Form*. I agree that a photocopy of this form will be considered as effective and as valid as the original.

Execution as a deed	
Signature of person giving consent and release:	Date (dd/mm/yyyy):
Signature of witness*	Printed name of witness (*any adult can be a witness):

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### Authorisation to Release Financial Information Associated Individual

Name (Full name):
Address (Full address):
A reference in this Authorisation to the Victorian Gambling and Casino Control Commission (the VGCCC) includes a reference to a member of its staff and any other person appointed in writing by VGCCC.
Under the <i>Gambling Regulation Act 2003</i> (Vic), the VGCCC is required to investigate any person, body or association having a business association with a licensee/registered operator.
As part of the VGCCC's on-going approval of associates, the VGCCC must consider whether an associate has any business association with any person, body or association who or which, in the opinion of the VGCCC:
is not of good repute, having regard to character, honesty and integrity; or

To assist the VGCCC in this task,

**Aurthorised Actions** 

• has undesirable or unsatisfactory financial resources.

- a) 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 associate 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 insolvency practitioner and related trustee service provider or other fiduciary; and
- b) To answer written or verbal queries of, and to provide information (by any means) to the VGCCC about my financial resources.

#### Execution as a deed

Signature of person giving authorisation:	Date (dd/mm/yyyy):
Signature of witness*	Printed name of witness (*any adult can be a witness):

#### Notes

- 1. It is intended that this Authorisation will be produced to banks and other financial institutions, solicitors, accountants, financial advisers and any other person or organisation who has lent money to or borrowed from the signatory.
- 2. A photocopy of this form will be considered as effective and as valid as the original.





Note:

### **Attachment page**

			_

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### Application as an associated individual

### **Fee Payment**

#### **IMPORTANT INFORMATION**

Applications must be accompanied by the relevant fee. Please note that once an application has been registered, the application fee is non-refundable. To confirm the current fee, refer to the 'Gambling fees' fact sheet on our website. The application fee can be paid by:

- cheque or money order, made payable to the Victorian Gambling and Casino Control Commission;
- credit card (Visa or MasterCard)

If you wish to make payment by credit card, please lodge your completed application with the VGCCC and we will contact you directly to arrange payment if your application is accepted

**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*. Credit card details will be destroyed once your payment has been processed.

