MULTI081224

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



Are you associated with any other licence/registration holder?

| YES |
|-----|
|-----|

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

NO

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

| How | +0 | an | nly |  |
|-----|----|----|-----|--|
|     | ιU | up | piy |  |

Send application via email to:

contact@vgccc.vic.gov.au

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

**Confidentiality Provisions** – Information provided in your application must not be disclosed by the VGCCC or its staff to someone else, except for the purposes provided for under Division 6 of Part 10 of the Act. You may access these provisions at vgccc.vic.gov.au.





Victorian Gambling and Casino Control Commission

### **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.

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

| A letter from the licensee explaining and providing details of your association with the Key Gaming Operative or advice as to why such a letter is not attached –Refer to Q2 |
|--|
| Historical Personal Name Extract–Refer to Attachment 1   |
|  |

**Original** National Police Certificate and/or an equivalent report from the relevant Police Agency – Refer to Attachment 2 for full details

Original Credit Report and/or an equivalent report from the relevant overseas agency – Refer to Attachment 3

A **copy** of both your tax return and your Notice of Assessment from the Australian Tax Office for the past 3 financial years or equivalent documentation from your jurisdiction

curriculum vitae: provide the Associate's full work history, skills and qualifications

**position description:** provide a document that fully describes the Associate's current position including job title, roles, responsibilities and key accountabilities; and

**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 if such activity or background become public knowledge would impact on the Associate's suitability as an Associate of the Applicant.

Schedules A – L must be completed and attached



Victorian Gambling and Casino Control Commission

| <ol> <li>I am seeking approval as a new associate of (tick all<br/>appropriate boxes):</li> </ol>                              | Have further details been provided on an attachment page?  |
|--|--|
| The holder of a Casino Operator's Licence;   | YES NO   |
| Licensee name:   | Personal Particulars   |
|  |  |
| The holder of a Public Lottery Licence   | 3) a. Details:   |
| Licensee name:   | Surname:   |
|  |  |
| The holder of a Wagering and Betting Licence;  | First Name:  |
| Licensee name:   |  |
|  |  |
| The holder of a Monitoring Licence;  | Middle Name(s):  |
| Licensee name:   |  |
|  | Date of Birth (day/month/year):  |
| The holder of a Keno Licence;  |  |
| Licensee name:   | Place of birth (country and state or region):  |
| An ASX listed licensee or parent company venue operator  |  |
| Name:  |  |
|  | Arrival date in Australia (if applicable):   |
| Licence number:  |  |
|  | <ul> <li>Are you currently known or have you previously been<br/>known by another name(s), including any alias(es),</li> </ul> |
| IMPORTANT INFORMATION  | Anglicised name(s), maiden name, married name(s) and name(s) changed via deed poll?  |
| A letter from the licensee <b>must</b> be provided with this application which explains and provides details of your           |  |
| association with the licensee, whether the association is  | YES NO   |
| direct or via an associated entity. Examples of reasons that<br>may result in you being captured as an associate include       | If <b>YES</b> , provide additional details below:  |
| where you are or will be a director, secretary, shareholder,   | Name changed from:   |
| executive officer etc of the licensee or an associate of an associated entity of the licensee.                                 |  |
| Note: Where the letter is provided by a licensee that holds  | Name changed to:   |
| or ultimately controls multiple licences, details in relation to your association with <b>each</b> licensee is required.       |  |
| your association with <b>each</b> licensee is required.  |  |
| 2) Is a letter from the licensee explaining and providing details of the association attached?                                 | Date of change (dd/mm/yyyy):   |
| YES NO   | Name changed from:   |
| If <b>YES</b> , proceed to question 3. If <b>NO</b> , you must advise why such a letter is not attached on an attachment page. |  |
| Victorian Gambling T: 1300 599 759 E: contact@vgccc.vic.gov.au<br>and Casino Control   | VOCCC VICTORIA   |

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| Name changed to:   | If your primary residential address is outside of Australia provide:   |
|--|--|
|  | Country of passport issued:  |
| Date of change (dd/mm/yyyy):   |  |
|  | Passport number:   |
| <b>c.</b> Have you had any legal name changes?   |  |
| YES NO   | <b>Note:</b> If at the above address for less than ten years, provide details, including dates (month/year), at each previous address on an attachment page.   |
| If <b>NO</b> , proceed to Q4. If <b>YES</b> , provide additional details below:  | Have further details been provided on an attachment page?  |
| Name changed from:   | YES NO   |
|  | 5) Postal address (if same as Q4, write 'as above'):   |
| Name changed to:   |  |
| Date of change (dd/mm/yyyy):   |  |
|  |  |
| Name changed from:   | 6) Contact details:  |
|  | Contact number:  |
| Name changed to:   |  |
|  | Email address:   |
| Date of change (dd/mm/yyyy):   |  |
|  | Business Interests   |
| Have further details been provided on an attachment page?  |  |
| YES NO   | IMPORTANT INFORMATION<br>Historical Personal Name Extract from the Australian<br>Securities and Investments Commission (ASIC)  |
| 4) Current Residential Address:  | If you have ever been the director or secretary of a<br>company registered with ASIC, this form must be<br>accompanied by your original Historical Personal Name<br>Extract from ASIC. Refer to Attachment 1 for further<br>instructions for obtaining an extract from ASIC. |
| Country  | <b>Note</b> : If you do not reside in Australia and are not now and have never been a director or secretary of a company registered with ASIC you are <b>not</b> required to apply to ASIC for an Extract.   |
|  | 7) a. Is your original Historical Personal Name Extract from   |
| No. of years resident in this country:   | ASIC enclosed?   |
|  | YES or   |
| No. of years resident at this address:   | <b>b.</b> I hereby certify that I am not now and have never been a director or secretary of a company registered with ASIC.  |
|  | YES  |
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### **IMPORTANT INFORMATION**

Q8 relates to any business interests, directorships or partnerships (either within or outside Australia) **not** already disclosed in any ASIC Extract you may have provided with this form, i.e. 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 10 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 10 years.
- 8) Have further details been provided on an attachment page including an equivalent ASIC Historical Personal Name Extract from the relevant jurisdiction?:
- YES NO
- **9)** List details of any disqualification of the Associate from acting as an office holder of a company or any like proceedings pending in any Jurisdiction

- 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 |  | NC |
|--|-----|--|----|
|--|-----|--|----|

If **NO**, proceed to Q11.

If  $\ensuremath{\textbf{YES}}$  , provide the following details:

Number of occurrences:

The legal action was (tick appropriate box):



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 uploaded?

YES N/A

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





Have further details been provided on an attachment page?

| YES |  |
|-----|--|
|-----|--|

### Legal action

NO

**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;

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| <ul> <li>Have further details been provided on an attachment page?</li> <li>YES NO</li> <li>Industry History</li> <li>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?</li> </ul> | <ul> <li>13) Have you personally, or any entity that you have been an officer of, ever been the subject of disciplinary action, regulatory breaches, enforcement or had an application for any licence or permit refused? Have you personally ever been disqualified from involvement in the management of an entity?</li> <li>(Note: Include details of any special conditions or restrictions imposed on a licence, concession etc. Include or active or pending matters.)</li> <li>YES NO</li> </ul> |
|---|---|
| YES NO  | If <b>NO</b> , proceed to Q14. If <b>YES</b> , provide details below.   |
| If <b>NO</b> , proceed to Q12. If <b>YES</b> , provide the following details for each application.<br><b>b.</b> If the application was granted/approved or is still pending,  | Number of occurrences:<br>Type of action taken ( <i>tick appropriate box</i> ):<br>suspension; cancellation; amendment;   |
| provide details below:<br>Type of licence, approval etc:  |   |
|   | revocation; or subject to disciplinary action   |
| Licence No. (if known):   | Type of licence, approval etc:  |
| Name of Racing/Gambling Regulator (if known):   | Jurisdiction*:  |
| Name shown on licence, approval etc:  | Licence No (if known):  |
| Licence/approval association date (mm/yyyy):<br>to<br>12) Have you personally, or any entity that you have been an<br>officer of, ever been investigated by a regulatory body or<br>law enforcement agency (e.g. ASIC, APRA, ACCC)?<br>YES NO   | Name of Gaming Regulator (if known):<br>Provide details of action taken or any special conditions<br>or restrictions imposed on a licence, approval etc on an<br>attachment page.<br>Have further details been provided on an attachment page?  |
| If <b>NO</b> , proceed to Q13. If <b>YES</b> , provide the following details:   | YES NO  |
| Number of occurrences:  | 14) Have you ever been employed by the Victorian Gambling<br>and Casino Control Commission or its predecessors?   |
| Date (mm/yyyy):   | YES NO  |
| Name of Gambling Regulator (if known):  | 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  | * "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality   |
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### **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 at Attachment 3.

**19)** Have you uploaded your Credit Report and/or an equivalent report from a relevant overseas jurisdiction\*?

YES

NO

NO

NO

If **YES**, proceed to Q20. 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?



- **20) a.** Other than what has been disclosed your Credit Report, have you personally ever been subject to bankruptcy or any insolvency arrangements?
  - YES

If **YES** to Q20(a), 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):

Name of Trustee:

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Address:

Contact number:

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



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

Have further details been provided on an attachment page?



**21)** 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?



If **YES**, complete the following for each matter and provide details of circumstances leading to proceedings on an attachment page:

Number of occurrences:

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:

 $^{\ast}$  "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 Have you ever been an officer of an entity where an investigation into the affairs of the company/incorporated association has been authorised by ASIC or its predecesso under the Corporations Act 2001 (Cth), by the Registrar of Incorporated Associations with Consumer Affairs Victoria under the Associations Incorporation Reform Act 2012 (Cth or any earlier Act, by the Australian Prudential Regulation Authority, by the Australian Competition and Consumer Commission exercising their statutory functions or by any other regulatory body or law enforcement agency.



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

Number of occurrences:

Have further details been provided on an attachment page?



### **IMPORTANT INFORMATION**

NO

NO

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 application.

**22)** Have you uploaded a **copy** of both your tax return and your Notice of Assessment from the Australian Tax Office for the past 3 financial years?

23) Other than disclosed on your Credit Report, are you in default of any debt repayment or loan (including less than \$5,000)?



If **YES**, number of occurrences:

If **NO**, proceed to Q24.

 Financial Institution or creditor:

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| nent page?  | Financial Institution or creditor:   |
|---|--|
|   |  |
| an<br>rporated                                    | Total amount owing (\$):     Total amount in default (\$):   |
| edecessors<br>istrar of<br>Victoria<br>2012 (Cth) | Number of days payment is overdue:   |
| gulation<br>sumer                                 | Financial Institution or creditor:   |
| r by any<br>y.                                    |  |
|   | Total amount owing (\$):     Total amount in default (\$):   |
|   | Number of days payment is overdue:   |
| nent page?  | <b>24)</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 overdue or in arrears)      |
| urn and<br>ax Office<br>your                      | YES NO If <b>NO</b> , proceed to Declaration. If <b>YES</b> , number of occurrences:   |
| turn and<br>1 Tax Office                          | 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 respect to payment of a debt or loan? |
| e you in  | YES NO<br>If <b>YES</b> , provide details on an attachment page and complete<br>the following, if <b>NO</b> proceed to the Declaration:                                  |
| ing less than                                     | Financial Institution or creditor:   |
|   | Total amount owing (\$):     Total amount in default (\$):   |
|   | Number of days payment is overdue:   |
|   |  |



| Financial Institution or creditor:  | Declaration  |
|---|--|
| Total amount owing (\$): Total amount in default (\$):                            | I declare that I have not had my employment terminated for misconduct in the last 10 years.                                  |
|   | YES NO   |
| Number of days payment is overdue:  | I declare that I have read and understood the questions in this application form and the directions for answering them and I |
| Financial Institution or creditor:  | have answered the questions truthfully and completely to the best of my knowledge.   |
| Total amount owing (\$): Total amount in default (\$):                            | Signature of applicant:  |
|   |  |
| Number of days payment is overdue:  | Date (day/month/year):   |
| Have further details been provided on an attachment page?                         | Signature of witness*:   |
| YES NO  |  |
| Other Associations<br>25) Do you have any business or personal relationships with | Date (day/month/year):   |
| known criminals?  |  |
| YES NO  | Print name of witness (*any adult can be a witness):   |
| If <b>YES</b> , provide details:  | Relationship to person making declaration:   |
|   |  |
|   |  |
|   |  |
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## 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 institute | Name of person/s appearing on account | Account number | Date opened<br>(dd/mm/yyyy) | Interest rate | Types of accounts | Balance at<br>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<br>amount | Unpaid<br>balance | % held | Payment/<br>period | Interest rate | Interest rate Maturity date | Purpose | Collateral |
|----------------------------|---------------|--------------------|-------------------|--------|--------------------|---------------|-----------------------------|---------|------------|
|                            |               |                    | 5                 |        | 2                  |               | (dd/mm/yyyy)                |         |            |
|                            |               |                    |                   |        |                    |               |                             |         |            |
|                            |               |                    |                   |        |                    |               |                             |         |            |
|                            |               |                    |                   |        |                    |               |                             |         |            |
|                            |               |                    |                   |        |                    |               |                             |         |            |
|                            |               |                    |                   |        |                    |               |                             |         |            |



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# 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.

| Description of funds/<br>financial benefits | Year(s) Received | Details of source/<br>Providers | Reason for provision/<br>purpose | Total Value AUD\$ | % of total value received % of total value received by the Associate by family members | % of total value received<br>by family members |
|---|------------------|---------------------------------|----------------------------------|-------------------|--|--|
|   |                  |                                 |                                  |                   |  |  |
|   |                  |                                 |                                  |                   |  |  |
|   |                  |                                 |                                  |                   |  |  |
|   |                  |                                 |                                  |                   |  |  |
|   |                  |                                 |                                  |                   |  |  |
|   |                  |                                 |                                  |                   |  |  |

## 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.\*

| e                   |              |  |  |  |
|---------------------|--------------|--|--|--|
| Market value        |              |  |  |  |
| Name in which held  |              |  |  |  |
| Date of purchase    | (dd/mm/yyyy) |  |  |  |
| Purchase price      |              |  |  |  |
| Number of Shares or | units        |  |  |  |
| Types               |              |  |  |  |
| lssuer              |              |  |  |  |

\*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, 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.

| Entity | Type of entity | No. of shares*<br>or units | % held | Purchase<br>price | Purchase Date of purchase Name in<br>(dd/mm/yyyy) which held | Name in<br>which held | Persons or entities sharing interest Market value and percentage ownership | Market value |
|--------|----------------|----------------------------|--------|-------------------|--|-----------------------|--|--------------|
|        |                |                            |        |                   |  |                       |  |              |
|        |                |                            |        |                   |  |                       |  |              |
|        |                |                            |        |                   |  |                       |  |              |
|        |                |                            |        |                   |  |                       |  |              |
|        |                |                            |        |                   |  |                       |  |              |
|        |                |                            |        |                   |  |                       |  |              |

\*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.

| Market value                               |  |  |  |
|--|--|--|--|
| Income                                     |  |  |  |
|  |  |  |  |
| Date of purchase Other owners (dd/mm/yyyy) |  |  |  |
| % held                                     |  |  |  |
| Purchase price/<br>improvements at cost    |  |  |  |
| Size                                       |  |  |  |
| Type                                       |  |  |  |
| Address/location                           |  |  |  |









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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 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.



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

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.

**SCHEDULE I – Secured loans** 

### 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.

|  |  | <br> | <br> |
|--|--|------|------|
| Collateral                                   |  |      |      |
| Description of Collateral liability          |  |      |      |
| Purpose                                      |  |      |      |
| Maturity date Purpose (dd/mm/yyy)            |  |      |      |
| Interest<br>rate                             |  |      |      |
| Bation period rate                           |  |      |      |
| % of<br>obligation                           |  |      |      |
| Unpaid<br>balance                            |  |      |      |
| Original<br>amount                           |  |      |      |
| Date of incurred Original (dd/mm/yyy) 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.

| (dd/mr | Date of incurred Original | Unpaid | % of Payment/ Interest | Payment/ | Interest | Maturity date Purpose | Purpose | Collateral | Persons liable in |
|--------|---------------------------|--------|------------------------|----------|----------|-----------------------|---------|------------|-------------------|
|        | (dd/mm/yyyy) amount       |        | obligation             | period   | rate     | (dd/mm/yyyy)          |         |            | addition to you   |
|        |                           |        |                        |          |          |                       |         |            |                   |
|        |                           |        |                        |          |          |                       |         |            |                   |
|        |                           |        |                        |          |          |                       |         |            |                   |
|        |                           |        |                        |          |          |                       |         |            |                   |
|        |                           |        |                        |          |          |                       |         |            |                   |
|        |                           |        |                        |          |          |                       |         |            |                   |

## SCHEDULE L – Directorships/Secretary

| Entity Name | Role | Business Description |
|-------------|------|----------------------|
|             |      |                      |
|             |      |                      |
|             |      |                      |





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

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### **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:

• 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.



Victorian Gambling and Casino Control Commission

### Strictly Confidential Consent for divulgence of information by Law Enforcement Agencies and release

("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 key gaming operative.

### 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.

### Acknowledgment

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):





### Strictly Confidential Authorisation to Release Financial Information

### 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 both the *Casino Control Act* 1991 (Vic) and the *Gambling Regulation Act* 2003 (Vic), the VGCCC is required to investigate any person, body or association having a business association with a key gaming operative.

As part of the VGCCC's on-going approval of associates of a key gaming operative, 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
- has undesirable or unsatisfactory financial resources.

To assist the VGCCC in this task,

### **Aurthorised Actions**

- 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.





**Strictly Confidential** 

### Attachment page

### Note:

Please copy if additional attachment pages are required.

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





TOR

State Government

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

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### Attachment 1 – Historical Personal Name Extract

An Historical Personal Name Extract is a print-out provided by the Australian Securities and Investments Commission (ASIC) which contains the following information:

- person's name and birth details
- companies against which the person's name is recorded, number and current status

• Representative

• Official Manager

- role(s)\* held and residential address
- date appointed and date ceased, where applicable.

\* The roles identified in a personal name search include:

- Administrator
  - Appointed Liquidator
- Receiver
- Appointed Auditor

Local Agents

- Member of a Futures Exchange
- Representative FuturesDeputy Official Manager
- Petitioner Court Action
- Scheme Manager
- Director
- Provisional Liquidator
- Secretary

When making your search application to ASIC, ensure that you specify that you require an Historical Personal Name Extract and not a Current Personal Name Extract. An Historical Personal Name Extract identifies both current and historical roles held by you in organisations registered with ASIC, while the Current Extract identifies only current roles. If your associate form is lodged with an extract other than an Historical Personal Name Extract it will be considered incomplete and will be returned to you to be relodged when you have obtained the correct extract. Note: If you are not recorded on ASIC's database you will be provided with a letter to that effect.

If the Historical Personal Name Extract you provide fails to meet any of the following requirements your associate form will be considered incomplete and will be returned to you –

- a Historical Personal Name Extract rather than a Current Personal Name Extract must be lodged; and
- it **must not** be dated more than three (3) months from the date your application is lodged.
- the **original** Historical Personal Name Extract must be lodged (i.e. not a photocopied extract).

All matters detailed on your Historical Personal Name Extract may be taken into consideration by the VGCCC. Should you wish to dispute any of the information disclosed in your Historical Personal Name Extract you should do so with ASIC prior to lodging your associate form.

### Fees

Fees are payable for searching ASIC databases. ASIC fees for on-line/telephone searches through brokers may differ from the fees charged at an ASIC Business Centre. Information brokers, however, may charge a service delivery fee in addition to the ASIC fee. The delivery fee may vary between brokers. ASIC does not regulate the amount of the broker delivery fees. ASIC can advise you of the cost of obtaining the Extract.

### How to apply for your Historical Personal Name Extract

An Historical Personal Name Extract can be obtained from ASIC. You may also contact ASIC's Infoline or refer to the ASIC website to obtain details of regional ASIC Business Centres and ASIC Representatives or Information Brokers.

### **Contact Details**

Website:<u>www.asic.gov.au</u> Email:<u>info.enquiries@asic.gov.au</u>

ASIC's Infoline: 1300 300 630

Victorian Gambling and Casino Control Commission



### **Attachment 2 – National Police Certificate**

If you live in Australia or have lived in Australia for at least 12 months during the last 10 years, an **original** National Police Certificate (NPC) **must** be provided when you lodge your VGCCC application form. Your NPC is obtained by submitting a 'Consent to Check and Release National Police Record' form (Consent form) to the Victoria Police. You may download the Consent form, which includes instructions for completion, at <u>vgccc.vic.gov.au</u>. If you have any difficulties in accessing the Consent form contact the VGCCC at <u>contact@vgccc.vic.gov.au</u> or on 1300 182 457.

### **NPC Application Fee**

You must choose the "National Name Check" NPC option. You can confirm the fee for this type of NPC at police.vic.gov.au.

### **NPC Application Process**

Should you have any other questions in relation to your police record check you may contact the Public Enquiry Service of Victoria Police on 1300 881 596 between 8am and 5pm. Please inform the customer service officer that you are a VGCCC applicant.

Please note that:

- a 100 point identity check is incorporated into the Consent form; and
- the completed Consent form, together with the certified documents and fee (cheque or money order only, payable to Victoria Police) must then be posted to Public Enquiry Service of Victoria Police for processing.

In addition, when completing the Consent form you must ensure that:

- you cross the box 'Casino or gaming licence' in 'Section E: Purpose of check', Option 1;
- choose the "National Name Check" option in Section A;
- provide your first name, middle name/s, surname [as stated in the Personal Particulars section of your VGCCC application form];
- provide any preferred given name to appear on your licence [as stated in the Personal Particulars section of your VGCCC application form]; and
- provide any alias(es), previous names, maiden name, name changes (legal or otherwise) as well as names you have used or by which you have been known [as stated in the Personal Particulars section of your VGCCC application form].

**Note:** If any such names are not shown in your NPC, your VGCCC application form will not be accepted and you will need to apply for a new NPC. Also, the NPC **must** be current at the time of lodgement of your VGCCC application form and not exceed three (3) months from the date of issue by the Victoria Police. If you do not provide your NPC, or enclose either a photocopied NPC or an NPC more than 3 months from the date of issue, your VGCCC application form will be considered incomplete and will be returned to you. A minimum of ten working days should be allowed from the date applications are received at the Public Enquiry Service for applications to be processed.

All matters detailed on your NPC are taken into consideration by the VGCCC and are essential to allow assessment of your character, honesty and integrity. Should you wish to dispute any of the information disclosed in your NPC you should do so **prior** to lodging your VGCCC application form, by writing to:

The Manager Public Enquiry Service Records Services Division, Victoria Police, PO Box 919, Melbourne Victoria 3001.

> Victorian Gambling and Casino Control Commission

Victorian Gambling and Casino Control Commission

### Attachment 3 – Credit Report

You **must** obtain a Credit Report if you currently live in Australia, or if you have lived in Australia during the last 10 years or if you are or have been a director or company secretary of an Australian company during the last 10 years.

(Note: If your circumstances do not meet these criteria, a Credit Report is not required).

You may obtain a copy of your Credit Report from either illion or Equifax. These companies offer a number of services to monitor and manage your credit profile and adhere to the Privacy Act, Credit Reporting Code of Conduct and the National Privacy Principles by providing you with the right to obtain a copy of your Credit Report.

### HOW TO OBTAIN YOUR CREDIT REPORT

### illion

To obtain your Credit Report from illion please visit <u>express.illion.com.au</u> or alternatively, you may contact illion on 13 23 33 to arrange for its provision. Additional information may also be found at <u>illion.com.au</u>.

### Equifax

To obtain your Credit Report from Equifax, please visit <u>mycreditfile.com.au</u> or alternatively, you may contact Equifax on 13 83 32 to arrange for its provision. Additional information may also be found at <u>mycreditfile.com.au</u>.

### IMPORTANT INFORMATION REGARDING YOUR CREDIT REPORT

When requesting a copy of your Credit Report, you are required to provide the following details:

- Family Name, First Name, Middle Name, Salutation [as stated in the Personal Particulars section of your VGCCC application form];
- any preferred given name [as stated in the Personal Particulars section of your VGCCC application form];
- Any other name(s) you have used List any other name(s) by which you are currently known or were known previously, such as alias(es), anglicised name(s), maiden name, married name(s) and name(s) changed via deed poll [as stated in the Personal Particulars section of your VGCCC application form]; and
- Current and Previous Residential Address Date of Birth and Driver Licence Number (if available).
- Your Credit Report and any other letter from the Credit Report provider advising of the result of the search conducted must accompany your VGCCC application form. If you fail to meet any of the requirements noted below, your VGCCC application form will be considered incomplete and returned to you. Your Credit Report must:
- be original and not a photocopy;
- be submitted to the VGCCC within three months from its date of issue;
- include your current name and any other name(s) that you are currently or were previously known by, such as any preferred given name, alias(es), anglicised name, maiden name, name(s) changed via deed poll;
- correctly disclose your date of birth, address and driver licence number (if available); and
- include **all** pages of the report as provided to you by the Credit Report provider.

If you find any issues with your Credit Report, e.g. it is incomplete or you wish to dispute any of the information disclosed therein, you should contact the Credit Report provider (see contact details above) and resolve the issue/s **prior** to lodging your VGCCC application form.)



Victorian Gambling and Casino Control Commission