

Bingo centre operator's licence – request for approval as an associated entity

This package contains the application and information material for approval as an associated entity of a bingo centre operator.

How to apply

This is an interactive PDF form which allows you to:

- complete the form using a computer or tablet
- save your progress and continue at a later time
- print the completed form to sign and return.

You are still able to print the form and complete it by hand if you prefer.

This form has been designed to be completed using the free Adobe Acrobat Reader software. To download this free software, please [visit the following link](#) or search for the free “Adobe Acrobat Reader” on your devices app store.

This form may not function as intended if you use any other software.

How to lodge your application

Post

Victorian Gambling and
Casino Control Commission
GPO Box 1988
Melbourne
Victoria 3001

Email

contact@vgccc.vic.gov.au

Or deliver in person

Level 4, 12 Shelley Street
Richmond Victoria 3121

Need help?

For more information on how to apply for a gambling licence or permit:

- visit the Victorian Gambling and Casino Control Commission (VGCCC) website at vgccc.vic.gov.au
- telephone the VGCCC on 1300 599 759
- email the VGCCC at contact@vgccc.vic.gov.au

Privacy Policy

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

Confidentiality Provisions

Information provided in your application must not be disclosed by the VGCCC or its staff to someone else, except for the purposes stated in Part 1, Division 6 of Chapter 10 of the Act. Go to vgccc.vic.gov.au to access this Act.

Important information

Bingo centre operator's licence – request for approval as an associated entity

This application is an important part of the approval process for a Bingo Centre Operator's Licence. A Bingo Centre Operator's Licence cannot be granted by the Victorian Gambling and Casino Control Commission (VGCCC) until all associates of the applicant have been identified and approved. It is also a requirement that current licensees ensure that this form is submitted for approval of all new associates.

Lodgement of Associate Forms

You must carefully review the associated entity form and Lodgement Guide (see page 3) to ensure it is fully completed and that all required attachments are provided. This simple check could save unnecessary delays in registration and processing time of the application. **Note:** The application form will be returned if a response to every applicable question is not provided or if all required attachments are not enclosed.

Where an entity seeking approval as an associate of an applicant for a new Bingo Centre Operator's Licence, associate documentation forms part of the Licence application and must be forwarded to the VGCCC as part of this application. A Bingo Centre Operator's Licence application will not be accepted or registered by the VGCCC if an incomplete associate form is submitted. The full application will be returned to the applicant with instructions that the relevant associated entity form is incomplete and must be completed before the application will be registered.

If the entity is seeking approval as an associate of the holder of a *current* Bingo Centre Operator's Licence, this application form can be lodged as follows:

Delivery to the VGCCC's office:

Victorian Gambling and Casino Control Commission
Level 4, 12 Shelley Street
RICHMOND VIC 3121

Mail to:

Victorian Gambling and Casino Control Commission
GPO Box 1988
MELBOURNE VIC 3001

False or Misleading Information

It is an offence under the Act to give information that is false or misleading. If you give false or misleading information, your application may be refused and/or you may be prosecuted and fined up to 60 penalty units (go to Gambling Fees and Fines at vgccc.vic.gov.au to confirm the current value of a penalty unit).

Requirement for Notification of Change

While your application is in progress

Between lodging the application and a decision being made about it, the VGCCC must be notified in writing about any changes to the information that has been provided (including any documents lodged with the application). Failure to provide the VGCCC with updated information may result in your application being refused.

Following determination of your application

If approval is granted, an associate will also be given a set of Directions which give the associate an ongoing responsibility to notify the VGCCC of specified changes in your situation. Whenever a specified change takes place, you must give written notice to the VGCCC within 14 days of the change taking place. If the VGCCC is not notified of a specified change, disciplinary action may be taken against the associate and/or the associate may be prosecuted and fined up to 60 penalty units.

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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.

Applying as part of another application

Note: No fee is payable for this application if your application is attached to one of the following:

- an application for a New Bingo Centre Operator's Licence
- an application for Renewal of a Bingo Centre Operator's Licence
- an application by another person to be an Associated Entity of a Bingo Centre Operator where that person is paying the fee.

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

Associated Individual and Entity forms, completed by associates identified in Q7, Q24, Q25, Q26, Q27(d), and Q28 must be completed and include all required attachments.

Historical Organisational Extract (only applicable if the Associated Entity is a company) – *Refer to Q18 and Attachment 2.*

Business Credit File – *Refer to Q29 and Attachment 1.*

The Accountant or Auditor's statement **or** the Summary of Financial Information – *Refer to Q35 and Attachments 3 & 4.*

A **copy** of independent documentation confirming the court outcome or, if settled out of court, a **copy** of the settlement agreement – *Refer to 'legal action' section on page 6 for full details.*

Financial Information Release form – *Refer to Page 16.*

Authorisation by Associated Entity – *Refer to Page 17.*

A **copy** of Trust Deed (only applicable if the Associated Entity is a Corporate Trustee).

Strictly confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

Details of Bingo Centre Operator

1. This request for approval as an associated entity relates to (tick applicable box and provide details below)

- (a) an application for a new Bingo Centre Operator's Licence
- (b) an application for renewal of a Bingo Centre Operator's Licence
- (c) an application as a new associate of the holder of a current Bingo Centre Operator's Licence

Bingo Centre Operator's name:

Bingo Centre Operator's Licence number (if applicable):

2. 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 reason for classification as an associate:

Associated Entity's Particulars

3. Name of Associated Entity

4. Associated Entity's registered office address:

5. Postal address: (if same as registered office address, write 'as above')

6. Contact Details:

Daytime telephone number Mobile telephone number

Email address

7. 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)

Daytime telephone number Mobile telephone number

Email address

Note: The Authorised Officer must complete an associated individual form.

8. Has the Associated Entity operated, or does it intend to operate, under any other business name/s?

YES NO

If **NO**, proceed to Q9. If **YES**, provide details below.

Strictly confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

9. Has the Associated Entity's name or business/trading name changed in the last 3 years?

YES NO

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):

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

YES NO

If **NO**, proceed to Q11.

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

Name of regulatory body or law enforcement agency:

Nature of investigation:

Date of Hearing (if known):

Result:

Have further details been provided on an attachment page?

YES NO

Legal Action

11. Has the Associated Entity ever been the defendant/respondent to any legal action in the past 10 years (including in progress)?

YES NO

If **NO**, proceed to Q12. If **YES**, provide the following details for any legal action which is finalised and was settled either through a court hearing or out of court:

Nature of legal action:

Plaintiff:

Jurisdiction*:

Result/Settlement:

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

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

Date of delivery of judgement (if known, 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

Have further details been provided on an attachment page?

YES NO

12. Is there any legal action currently being pursued against the Associated Entity?

YES NO

If **NO**, proceed to Q13.

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

Nature of legal action:

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

Strictly confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

Plaintiff:

(a) If **NO**, proceed to Q15.

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

Jurisdiction*:

Type of licence, approval etc:

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

Licence No (if known):

Case no. issued by court/tribunal:

Jurisdiction*:

Next scheduled hearing date (if known, dd/mm/yyyy):

Name of Regulator (if known):

Have further details been provided on an attachment page?

YES

NO

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

Details of action taken or any special conditions or restrictions imposed on a licence, approval etc:

Racing and gambling history

13. Has the Associated Entity ever applied for any racing or gambling industry licence, approval, authorisation or registration?

YES

NO

If **NO**, proceed to Q14.

If **YES**, provide the following details for each application and then proceed to Q14.

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

Type of licence, approval etc:

Have further details been provided on an attachment page?

YES

NO

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

Type of licence, approval etc sought:

Licence No. (if known):

Licence No. (if known):

Name of Racing/Gambling Regulator (if known):

Date of application (mm/yyyy):

Name of Regulator (if known):

Name shown on licence, approval etc

Reason for refusal or withdrawal:

Licence/Approval Association dates (dd/mm/yyyy):

to

14. Has the Associated Entity ever been the subject of disciplinary action, or had an application for any licence or permit refused?

YES

NO

Have further details been provided on an attachment page?

YES

NO

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

Strictly confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

Charges, Findings of Guilt and Convictions

15. 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 Q16.

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):

Nature of Offence

Date (dd/mm/yyyy):

Jurisdiction*:

Result:

Result of Hearing or other Disposition (if known)

Have further details been provided on an attachment page?

YES

NO

16. Is there any investigation or charge currently pending against the Associated Entity in respect of any offence?

YES

NO

If **NO**, proceed to Q17. 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

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

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:

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 an Historical Organisational Extract from ASIC (refer to instructions at Attachment 2).

Associated Entities not incorporated under Australian Law

An Historical Organisational Extract from ASIC is not required for an entity which is not registered with ASIC or not incorporated under Australian 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 in Attachment 2.

18. Is the Historical Organisational Extract or an overseas equivalent report attached?

YES

NO

If **YES**, proceed to Q19. If **NO**, is an equivalent report from the regulatory authority in each of those jurisdictions attached?

YES

NO

If **NO**, provide reasons why an equivalent report from the regulatory authority in any of those jurisdictions has not been enclosed on an attachment page.

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

Have further details been provided on an attachment page?

YES

NO

19. (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

If the Associated Entity is a COMPANY, complete Q20 to Q26

20. Date of Incorporation (dd/mm/yyyy):

Place of Incorporation:

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

Australian Business Number (ABN) (if applicable):

21. List the ultimate holding company, as defined in 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:

22. List below details of any related party, subsidiary or subsidiary company of the Associated Entity

- 'related party' – an entity having control or significant influence over the financial and operating decision making policies of another entity where the relationship may prevent "arms-length" dealings.
- 'subsidiary' – an entity that is controlled by a parent entity.
- 'subsidiary company' – a company is subsidiary of another if that other company either:
 - (a) is a member of it and controls the composition of its board of directors; or
 - (b) holds more than half in nominal value of its equity share capital.

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

(i) Entity Name:

Australian Company Number (or overseas equivalent if applicable):

Business name:

Nature of organisation's business:

Relationship to the Associated Entity:

(ii) Entity 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

Request for approval for an associated entity of a bingo centre operator

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Allocation date: / /

Associated entity No: _____

Assigned to: _____

23. 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:

24. List below the names of all shareholders who hold 5% 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:

Note: Shareholders with 10% 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.

25. Do any of the shareholders holding 5% 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 Q26.

If **YES**, provide details below:

Shares Held By:

Full Name of Beneficial Owner:

No. of Shares:

Shares Held By:

Full Name of Beneficial Owner:

No. of Shares:

Shares Held By:

Full Name of Beneficial Owner:

No. of Shares:

Shares Held By:

Full Name of Beneficial Owner:

No. of Shares:

Shares Held By:

Full Name of Beneficial Owner:

No. of Shares:

Note: Any beneficial owner of shares named in response to Q25 holding a total of 10% or more of ordinary or preferential shares **must** complete an appropriate associate form.

26. List below the names of all current company directors and the company secretary if the Associated Entity is a company or the names of all current committee members and the secretary if an incorporated association.

Name of Office Holder:

Position Held:

Strictly confidential

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Assigned to: _____

Name of Office Holder:

Position Held:

Name of Office Holder:

Position Held:

Name of Office Holder:

Position Held:

Name of Office Holder:

Position Held:

Name of Office Holder:

Position Held:

Note: All persons identified above must complete an associated individual form.

27(a) Is the Associated Entity a Corporate Trustee?

YES

NO

If **NO**, proceed to Q28. 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

(b) 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 (tick appropriate box)

% of Ownership:

Voting:

Income:

Full Name:

Company

Individual (tick appropriate box)

% of Ownership:

Voting:

Income:

(c) Specify which of the beneficiaries/unit holders of the trust received 10% or more of the trust's income distribution in any one of the last three (3) years:

(d) 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(d) must complete an associated entity or associated individual form as appropriate.

Have further details been provided on an attachment page?

YES

NO

Strictly confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

If the Associated Entity is a PARTNERSHIP, complete Q27

28. Partnership's Australian Business Number (ABN):

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

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 (tick appropriate box)
% of Ownership:	
Voting:	Income:

Full Name:	
Company	Individual (tick appropriate box)
% of Ownership:	
Voting:	Income:

Note: All partners with a partnership interest of 10% or greater of income or voting entitlements must complete an associated entity or associated individual form as appropriate.

Financial Particulars

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 (refer to instructions at Attachment 1). Only matters **not** reported in this credit report should be disclosed when responding to Q30.

29. Is a Business Credit File attached?

YES

30. 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 Q31. If **YES**, provide details below (Note: All amounts must be stated in Australian currency):

Financial Institution or creditor:

Amount owing (total amount):

Amount in default (total amount):

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

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

31. Other than what has been disclosed on the Credit File, has the Associated Entity ever been subject to bankruptcy or insolvency arrangements?

YES

NO

If **NO**, proceed to Q31(b).

If **YES**, complete the following and provide details of circumstances leading to bankruptcy/arrangement proceedings on an attachment page.

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

Strictly Confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

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

Date action taken (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

Name of Trustee:

Address:

Telephone number:

(b) Are bankruptcy or any like proceedings pending?

YES NO

If **NO**, proceed to Q32.

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

Have further details been provided on an attachment page?

YES NO

32. Is the Associated Entity the guarantor for someone else's debt or loan?

YES NO

If **NO**, proceed to Q33.

If **YES**, is any person, including any corporation in respect of whom you have given a guarantee in default of any agreements with respect to payment of a debt or loan?

YES NO

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

Have further details been provided on an attachment page?

YES NO

33. 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?

YES NO

If **NO**, proceed to Q34.

If **YES**, provide details below:

Type of proceedings:

Reason for action taken:

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

Name:

Phone number:

Have further details been provided on an attachment page?

YES NO

34. 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:

Strictly confidential

Request for approval for an associated entity of a bingo centre operator

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

(iii) Financial Institution/Source name:

Branch/Source address:

Nature of account:

IMPORTANT INFORMATION

Accountant or Auditor's statement (refer to Attachment 3)

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

Holding Company's Accountant or Auditor's statement (if applicable)

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

Summary of financial information (refer to Attachment 4)

In lieu of providing an accountant or auditor's statement, the applicant can 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 VGCCC 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*.

35(a). Is an Accountant or Auditor's statement for the applicant or, where applicable, the holding company attached?

YES

NO

If **NO**, provide reasons on an attachment page.

(b). If an Accountant or Auditor's statement is not attached, is the summary of financial information and Director's solvency declaration attached?

YES

NO

Have further details been provided on an attachment page?

YES

NO

Declaration by Authorised Officer

I hereby:

- acknowledge that I have read and understood the questions in this application form and the directions for answering them;
- confirm that I have answered the questions truthfully and completely to the best of my knowledge; and
- 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 Bingo Centre 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:

X

Signature of authorised officer

Date:

/ /

Signature of witness*:

X

Signature of witness

Date:

/ /

Print name of witness:

* Any adult can be a witness.

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

Request for Approval for an Associated Entity of a Bingo Centre Operator

Financial Information Release Form

Gambling Regulation Act 2003

In the matter of this request for approval as an associate of an applicant for or the holder of a current Bingo Centre Operator's Licence by:

Name: _____ of
(Full name of associated entity)

Address: _____ ("associate")
(Full address of associated entity)

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

The associate hereby authorises all **persons** who receive a photocopy of this **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;
 - 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 Bingo Centre Operator's licence, 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.

Signed: _____ Dated (dd/mm/yy): _____

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

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*.

Authorisation by Associated Entity 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. Accordingly, if you ticked (a) or (b) in response to Q1, you **must** read the following important information and complete the form below. If you ticked (c) in response to Q1, indicating that you are seeking approval as a new associate of the holder of a current licence, 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 circling the appropriate choice in the below form. If you have any questions regarding this matter contact the VGCCC on telephone 1300 599 759 or email your enquiry to the VGCCC at contact@vgccc.vic.gov.au.

AUTHORISATION BY ASSOCIATED ENTITY

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

Associated entity details:

Name: _____ of
(Full name of associated entity)

Address: _____ ("associate")
(Full address of associated entity)

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

AUTHORISATION

The associate hereby **AUTHORISES / DOES NOT AUTHORISE (circle the appropriate statement)** 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.

Signed:

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

Dated (dd/mm/yyyy):

Attachment Page

NOTE:

This attachment page is provided for additional information that requires more space than that provided in the original question. Precede your entry with the question number and title to which the additional information relates.

Please copy if additional attachment pages are required.

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

YES

NO

Attachment 1 – Business Credit File

As part of this application form, the associated entity must apply to either illion or Equifax for a Business Credit File (Credit File) which will identify any matters entered against the associated entity by any financial provider.

The Credit File must be forwarded to the VGCCC with this application form. The Credit File must be no older than three (3) months at lodgement of the application. If the associated entity fails to meet any of these requirements or does not attach a Credit File, the application form will be considered incomplete and will be returned.

All matters detailed in the Credit File are taken into consideration by the VGCCC and are essential to allow an assessment of the associated entity's financial resources. If the associated entity wishes to dispute any of the information disclosed in Credit File, the provider of the Credit File must be contacted prior to the application form being lodged.

HOW TO APPLY FOR A BUSINESS CREDIT FILE

illion

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

Equifax

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

Attachment 2 – Historical Organisational Extract

As part of this associated entity form, you must apply for the associated entity's Historical Organisational Extract which identifies the type, status, registered address, roles within the organisation, share structure, members, charges and documents lodged, (current and historical) of organisations registered with the Australian Securities & Investments Commission (ASIC).

When making a search application to ASIC, ensure that you specify that you require an Historical Organisational Extract and **not** a Current Organisational Extract. An Historical Organisational Extract identifies **both current and historical** information about the associated entity, while the Current Extract identifies only current information. If this associated entity form is lodged with an extract other than an Historical Organisational Extract it will be considered incomplete and will be returned for re-lodgement when the correct extract has been obtained.

In addition, the Historical Organisational Extract **must** have been issued within three months of the date of lodgement of this form. If you fail to meet any of these requirements (i.e. you do not provide an Historical Organisational Extract or you enclose either a photocopied extract or an extract issued more than three months prior to the date of lodgement of this form) the application form will be considered incomplete and will be returned to you.

All matters detailed in the associated entity's Historical Organisational Extract are taken into consideration by the Victorian Gambling and Casino Control Commission. Should you wish to dispute any of the information disclosed in the associated entity's Historical Organisational Extract you should do so with ASIC **prior** to lodging the associated entity 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 broker delivery fees.

ASIC can advise you of the cost of obtaining an Historical Organisational Extract.

How to apply for your Organisational Personal Name Extract

An Historical Organisational 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: www.asic.gov.au

Email: info.enquiries@asic.gov.au

ASIC's Infoline: 1300 300 630

Attachment 3 – Associated Entity Accountant or Auditor's statement

Gambling Regulation Act 2003 and Casino Control Act 1991

Background

In the matter of this application, and for the purposes of ongoing monitoring, Section 10.4A.1 of the *Gambling Regulation Act 2003* or Section 28A(4)(b) of the *Casino Control Act 1991* 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 Practicing Accountant or Associate Chartered Accountant. This statement is provided for the sole purpose of assisting the Commission to assess an application made under the *Gambling Regulation Act 2003* or the *Casino Control Act 1991*.

Name of Associated Entity:

Name of accountant or auditor:

Accountant or auditor's address:

Qualification: Certified Practicing Accountant Chartered Accountant

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

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

Signature of accountant:

Date (dd/mm/yyyy):

Printed name of signatory:

Attachment 4 – Associated Entity Summary of financial information

Gambling Regulation Act 2003 and Casino Control Act 1991

Background

In lieu of providing an accountant or auditor's statement, the applicant can 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 VGCCC 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* or the *Casino Control Act 1991*.

Year ended

Profit & Loss Statement

Total Sales/Revenue			
Less: Cost of Sales			
Gross Operating Profit			
Other Income (please specify)			
Total Income			
Less: Operating Expenditure			
Net Profit/(Loss) before taxation			
Less: Taxation Payable			
Net Profit/(Loss) after taxation			
Profit & Loss Appropriation			
Net Profit/(Loss) after taxation			
Retained Profits/(Losses) b/fwd			
Distribution to Beneficiaries			
Dividends declared/paid			
Others (please specify)			
Retained Profits/(Losses) c/fwd			

Year ended

Current Assets

Cash & deposits			
Trade debtors			
Other debtors			
Inventories			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Others (please specify)			

Total current assets	a		
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Non-current assets			
Property, plant & equipment			
Intangible assets			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Others (please specify)			

Total non-current assets	b		
---------------------------------	----------	--	--

Total assets (a+b)	c		
---------------------------	----------	--	--

Current liabilities

Bank overdraft & loans (secured)			
Trade creditors			
Sundry creditors			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Tax/GST liabilities			
Others (please specify)			

Total current liabilities	d		
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Year ended

Non-current liabilities

Bank overdraft & loans (secured)			
Amounts owing by related parties/entities			
Amounts owing by shareholders/unit-holders			
Provisions			
Others (please specify)			

Total non- current liabilities	e		
---------------------------------------	----------	--	--

Total liabilities	f		
--------------------------	----------	--	--

Net assets (c-f)	g		
-------------------------	----------	--	--

Equity

Issued capital/settlement sum			
Reserves			
Retained profits/(losses)			
Others (please specify)			

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

Authorised officer declaration

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 liable to prosecution for providing false and misleading information.

Name of authorised officer

X

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:

X

Signature of Director

Date:

Name of Director:

X

Signature of Director

Date:

Name of Director:

X

Signature of Director

Date:

Name of Director:

X

Signature of Director

Date:

Name of Director:

X

Signature of Director

Date: