

# Registered bookmaker – approval as an associated entity

**This package contains the application and information material for approval as an associated entity of a bookmaker.**

## 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.**

### Send application to:

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

### or lodge in person at:

Level 4, 12 Shelley Street  
Richmond 3121

## Need help?

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

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

## Important Information

# Registered bookmaker – approval as an associated entity

## Who should complete this form?

This form is for completion by entities seeking approval as:

- an associate of a corporation applying for a new registration as a bookmaker;
- an associate of a corporation applying to renew its registration as a bookmaker; or
- a new associate of a currently registered bookmaker.

## Lodgement of Associate Forms

Carefully review the associated entity form **before** lodgement 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.

Where an entity is seeking approval as an associate of an applicant for new registration as a bookmaker, associate documentation forms part of the registration application and must be forwarded to the VGCCC as part of this application. A registered bookmaker 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.

In the case of an entity seeking approval as an associate of a currently registered bookmaker, the completed associated entity form can be lodged by:

### Delivery to the VGCCC's office:

Victorian Gambling and Casino Control Commission  
Level 4, 12 Shelley Street, Richmond

### Mail to:

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

## Application fee

To confirm the current fee, refer to the 'Gambling fees and fines' information sheet available at [vgccc.vic.gov.au](http://vgccc.vic.gov.au).

## Nomination of an authorised officer to complete the application form on behalf of the associate

For the purposes of this application, the 'associate' must nominate an 'authorised officer' responsible for the completion of an application form and for the certification of all information provided. The authorised officer will be an associate of the applicant and should have capacity to influence the business direction of the applicant. The authorised officer is typically the chairman of the board of directors, managing director, chief executive officer, or a company secretary.

## 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, the associate may be prosecuted and fined up to 60 penalty units.

## False or Misleading Information

It is an offence under the Gambling Regulation Act 2003 (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](http://vgccc.vic.gov.au) to confirm the current value of a penalty unit).

# Registered bookmaker – approval as an associated entity

## Privacy Policy

The Victorian Gambling and Casino Control Commission 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.

## 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 Division 6 of Chapter 10 of the Act (to access this Act go to [vgccc.vic.gov.au](http://vgccc.vic.gov.au)).

## What is an ‘Associated Entity’?

Under section 1.4 of the Act, a person (in this case, meaning a corporate person) is an ‘associate’ of an applicant for or currently registered bookmaker if the person:

- (a) holds or will hold any relevant financial interest, or is or will be entitled to exercise any relevant power (whether in right of the person or on behalf of any other person) in the bookmaking business, and by virtue of that interest or power, is able or will be able to exercise a significant influence over or with respect to the management or operation of that bookmaking business; or
- (b) holds or will hold any relevant position, whether in right of the person or on behalf of any other person, in the bookmaking business.

Section 1.4(3) of the Act provides the following definitions:

- **“relevant financial interest”**, in relation to a business, means –
  - (a) any share in the capital of the business; or
  - (b) any entitlement to receive any income derived from the business; or
  - (c) any entitlement to receive any payment as a result of money advanced;
- **“relevant position”**, in relation to a business, means the position of director, manager, or other executive position or secretary, however that position is designated;
- **“relevant power”**, means any power, whether exercisable by voting or otherwise and whether exercisable alone or in association with others –
  - (a) to participate in any directorial, managerial, or executive decision; or
  - (b) to elect or appoint any person to any relevant position.

## Examples of Associated Entities

This form must be completed by all entities who qualify as an ‘associate’ in accordance with the above definition. Examples of entities which may be captured as associates include, but are not limited to, the following:

- entities who own 10% or more of shares of the bookmaker or associated entity(ies) with either voting rights and/or income entitlements;
- the ultimate holding company of the bookmaker (as defined in Corporations Law);
- related parties, subsidiaries or subsidiary companies of the bookmaker (e.g. entities which the bookmaker has the capacity to control or any entity able to exercise a significant influence over or with respect to the management or operations of the bookmaking business).

Subsequent investigations may reveal additional associates of a bookmaker. These individuals or entities will be required to complete and lodge an appropriate associate form.

# Registered bookmaker – approval as an associated entity

## Directions for Completion

- Ensure that you type or print in BLOCK LETTERS an answer to every question.
- If a question does not apply to you or if there are no details to disclose in response to a particular question, state N/A in response.
- If there is not enough space on the form for your answer, please supply the required information on an attachment page. Begin each answer with the question number.
- The application form will be returned if you don't provide a response to all applicable questions or if all required attachments are not enclosed or if the correct application fee is not paid.

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

**Copy** of Trust Deed (only applicable if the associate is a Corporate Trustee) –Refer to Q27

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

Accountant or auditor's statement – Refer to Q29

**Original** Historical Organisational Extract from the Australian Securities and Investments Commission (only applicable if the associate is a company)–Refer to Q18 and Attachment 1

**Original** Company Credit Report–Refer to Attachment 2

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 detail

Consent for Release of Information by Law Enforcement Agencies form–Refer to Page 17

Financial Information Release form–Refer to Page 18

Authorisation by an associated entity–Refer to Page 20

Strictly Confidential

# Registered bookmaker – approval as an associated entity

## OFFICE USE ONLY

Allocation date:       /       /

Associated entity No: \_\_\_\_\_

Assigned to: \_\_\_\_\_

### Details of Bookmaker

1. This request for approval as an Associated Entity relates to (tick applicable box and provide details below):
- ☐ an application for new registration as a bookmaker;
  - ☐ an application for renewal as a registered bookmaker; or
  - ☐ an application as a new associate of a currently registered bookmaker.

Registered bookmaker's name:

Bookmaker's registration number (if applicable):

2. Reason for classification as an Associated Entity (tick appropriate box/es):

- ☐ (a) Ultimate holding company of the bookmaker
- ☐ (b) Related party, subsidiary or subsidiary company (as defined by the Australian Corporations Law) of the bookmaker
- ☐ (c) Shareholder of the bookmaker
- ☐ (d) Partner of the bookmaker
- ☐ (e) Unit holder of the bookmaker who, by virtue of the Trust Deed, is empowered individually or as a group to remove/change the Trustee or to influence the Trustee's decisions.
- ☐ (f) **Other** – Explain below reason for classification as an associate:

5. Postal address (if same as registered office address, write 'as per Q4)

Contact Details:

Daytime telephone number       Mobile telephone number

Email address

6. Details of Authorised Officer completing this form on behalf of the Associated Entity:

Authorised officer's name:

First Name:

Middle Name/s:

Surname:

Position with associate:

(company director, secretary, treasurer, president etc)

Daytime telephone number:       Mobile telephone number:

Email address:

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

7. Has the associate operated, or does it intend to operate, under any other business name/s?

YES

NO

If **NO**, proceed to Q8.

If **YES**, provide details below.

### Associate's Particulars

3. Name of Associated Entity:

4. Associated Entity's registered office address:

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

YES NO

If **NO**, proceed to Q10.

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 Government Regulatory Body:

Nature of Action:

Date of Hearing (if known, dd/mm/yyyy):

Result:

Have further details been provided on an attachment page?

YES NO

## Legal Action

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:

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):

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

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

## Racing and Gambling History

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

YES NO

If **NO**, proceed to Q13.

If **YES**, provide the following details for each application and then proceed to Q13.

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

Type of licence, approval etc:

Name shown on licence, approval etc:

Licence No. (if known):

Jurisdiction\*:

Licence/approval etc association dates (if known):

to

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

Type of licence, approval etc sought:

Jurisdiction\*:

Date of application (mm/yyyy):

Name of Racing/Gambling Regulator (if known):

Reason for refusal or withdrawal of request:

Have further details been provided on an attachment page?

YES NO

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

YES NO

If **NO**, proceed to Q15.

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

Type of licence, approval etc:

Licence No (if known):

Jurisdiction\*:

Name of Racing or Gaming Regulator (if known):

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

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

### 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 of Hearing or other Disposition (if known):

Have further details been provided on an attachment page?

YES NO

**16(a).** 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

**(b).** Has the Associated Entity ever participated in a Diversion Program?

YES NO

If **NO**, proceed to Q17.

If **YES**, provide details below in relation to each matter.

Nature of Offence/Charge:

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

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

## Corporate Structure and Establishment of Associates

### IMPORTANT INFORMATION

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

##### Associates incorporated under Australian Corporations Law

This form must be accompanied by the associate's original Historical Organisational Extract from 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. If this form is lodged with an extract other than an Historical Organisational Extract it will be considered incomplete and will be returned to you to be re-lodged when you have obtained the correct extract. The Historical Organisational Name Extract must be current at the time of lodgement of this form and must have been issued within the three months prior to the date of lodgement of this form. Instructions on obtaining an Historical Organisational Extract are provided in Attachment 1.

##### Associates 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 1.

17. Is the **original** Historical Organisational Extract from ASIC or an overseas equivalent report attached?

YES NO

If **YES**, proceed to Q18.

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.

Have further details been provided on an attachment page?

YES NO

18.(a) State below how the profits of the associate are to be distributed (eg distributions to beneficiaries, trusts, dividends to shareholders, capital investment, etc.):

(b) Provide details of profit distribution by the associate 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 associate is a COMPANY, complete Q19 to Q26

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

Place of Incorporation:

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

Australian Business Number (ABN) (if applicable):

20. List the ultimate holding company, as defined in Corporations Law, of the associate (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:

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

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

(i) Registered name:

Australian Company Number (or overseas equivalent if applicable):

Business name:

Nature of organisation's business:

Relationship to the Associated Entity:

(ii) Registered name:

Australian Company Number (or overseas equivalent if applicable):

Business name:

Nature of organisation's business:

Relationship to the Associated Entity:

Have further details been provided on an attachment page?

YES

NO

**22.** Give the total number of ordinary shares (voting and income entitlement shares) and preference shares (income entitlement shares only) of the associate:

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

Total number:

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

Total number:

**23.** List below the names of all shareholders who hold 5% or more of the total number of shares in the associate, and the number of shares held by each:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

Full Name of Shareholder:

Class of Share: No. of Shares Held:

**Note:** Shareholders with 10% 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.

**24.** Do any of the shareholders holding 5% or more of shares in the associate hold those shares on behalf of or in trust for any person or entity?

YES

NO

If **NO**, proceed to Q25.

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.

**25.** List below the names of all current company directors and the company secretary.

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

Full name of Office Holder:

Position Held:

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

**26.(a)** Is the associate a Corporate Trustee?

YES

NO

If **NO**, proceed to Q27

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 one box only)

% of ownership:

Voting

Income:

Full Name:

Company

Individual (tick one box only)

% of ownership:

Voting

Income:

Full Name:

Company

Individual (tick one box only)

% of ownership:

Voting

Income:

Full Name:

Company

Individual (tick one box only)

% 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 Q26(d) must complete an Associated Entity or Associated Individual form as appropriate.

Have further details been provided on an attachment page?

YES

NO

### If the associate is a PARTNERSHIP, complete Q28

27. 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 one box only)

% of ownership:

Voting

Income:

Full Name:

Company

Individual (tick one box only)

% of ownership:

Voting

Income:

Full Name:

Company

Individual (tick one box only)

% of ownership:

Voting

Income:

Full Name:

Company

Individual (tick one box only)

% of ownership:

Voting

Income:

Have further details been provided on an attachment page?

YES

NO

## Financial Particulars

### IMPORTANT INFORMATION

#### Accountant or Auditor's statement

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

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

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*.

28. Is an accountants or auditor's statement for the applicant or, where applicable, the holding company attached?

YES

NO

If **YES**, proceed to Q29.

If **NO**, proceed to Q28(a).

(a) If an accountant or auditor's statement is not attached, is the summary of financial information and directors' solvency declaration attached?

YES NO

If **YES**, proceed to Q29.

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

Have further details been provided on an attachment page?

YES NO

#### IMPORTANT INFORMATION

##### Business Credit File

All associates (whether a company or an incorporated association) **must** lodge with this application form an **original** Business Credit File (refer to instructions at Attachment 2). Only matters **not** reported in this Business Credit File should be disclosed when responding to Q30.

29. Is the Associated Entity's original 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)?

YES NO

If **NO**, proceed to Q31.

If **YES**, complete the following details (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. Has the Associated Entity ever been wound up, placed into liquidation, had a receiver, controller, administrator or agent for a mortgage appointed, entered into a scheme of arrangement, or involved in other similar proceedings? (Note: Include any pending arrangements known to the associate)

YES NO

If **NO**, proceed to Q32.

If **YES**, provide details below:

Type of proceedings:

Date action taken (dd/mm/yyyy):

Reason for action taken:

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

Name:

Phone number:

Have further details been provided on an attachment page?

YES NO

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

YES NO

If **NO**, proceed to Q33.

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

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

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

**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

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

YES NO

If **NO**, proceed to Q34.

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

**34.** Provide the name and full address of all financial institutions and other sources with which the associate has accounts, borrowings or investments:

**(i) Financial Institution/Source name:**

Branch/Source address:

Nature of account:

**(ii) Financial Institution/Source name:**

Branch/Source address:

Nature of account:

**(iii) Financial Institution/Source name:**

Branch/Source address:

Nature of account:

Have further details been provided on an attachment page?

YES NO

## Declaration by Authorised Officer

I declare that I have read and understood the questions in this application form and the directions for answering them and I have answered the questions truthfully and completely to the best of my knowledge.

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.

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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:

- 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, 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 *Information Privacy Act 2000* and its obligations under the *Gambling Regulation Act 2003* and the *Liquor Control Reform Act 1998*. Credit card details will be destroyed once your payment has been processed.

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# Consent for Release of Information of Law Enforcement Agencies

*Gambling Regulation Act 2003*

In the matter of this application for approval as an associated entity of a bookmaker and for the purposes of ongoing monitoring by:

Name: \_\_\_\_\_  
(Full name of associate)

Address: \_\_\_\_\_  
(Full address of associate) ('associate')

## CONSENT

The associate hereby consents to all probity investigations carried out by the Victorian Gambling and Casino Control Commission (the VGCCC) and its staff, including but not limited to:-

(a) Inspection of criminal, intelligence or other records kept or maintained by:

- the Victoria Police;
- any State, Territory, federal or overseas police force;
- any crime investigation agency;
- any corporate regulatory agency;
- any gaming regulatory body;
- any casino regulatory body;
- any Court;
- any government agency.

(collectively referred to as 'law enforcement agencies')

(b) Release of particulars of any convictions, findings of guilt or other information recorded against me by the law enforcement agencies including, without limitation:-

- details of all prosecutions, including acquittals and matters withdrawn or dismissed and all findings of guilt, whether or not a conviction was recorded;
- matters or charges still outstanding;
- law enforcement agencies intelligence howsoever obtained;
- any other matters recorded as arising either in Victoria or elsewhere by any law enforcement agency and considered relevant by the VGCCC to the investigation or assessment of my application for approval as an associated entity of a bookmaker under the *Gambling Regulation Act 2003*.

## RELEASE

Upon signing this consent, the associate hereby releases the VGCCC, each law enforcement agency and their servants, agents or contractors to the full extent of the law and against any claim or demands of any kind and any actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the use or misuse of the information obtained out of this consent, including particulars of any conviction, findings of guilt or other adverse material purporting to relate to the associate.

## ACKNOWLEDGMENT

I acknowledge having read and understood the terms of the consent and have noted that independent legal advice may be sought before signing this consent.

This consent commences on the date below and continues until the later of:-

- the VGCCC considers that I am no longer an associated entity of a bookmaker; or
- the expiry of any bookmaker's registration (if granted).

## EXECUTION AS A DEED

Signature of authorised officer on behalf of associate:

Signature of witness:

Dated (dd/mm/yyyy):

Printed name of witness (any adult can be a witness):

# Financial Information Release Form

Gambling Regulation Act 2003

In the matter of this application for approval as an associated entity of a bookmaker and for the purposes of ongoing monitoring by:

Name: \_\_\_\_\_ of \_\_\_\_\_  
(Print corporation name)

Address: \_\_\_\_\_ ('applicant')  
(Full address of associate)

I: \_\_\_\_\_  
(Full name of Authorised Officer signing the form on behalf of the associate)

being the duly authorised officer of the applicant hereby authorise all **persons** who receive a photocopy of this **financial information release form** from the Victorian Gambling and Casino Control Commission (the VGCCC) to undertake the **authorised actions** for the **authorised purposes** as set out below:

## AUTHORISED ACTIONS

1. To allow the VGCCC to inspect and obtain a copy of any document, record or correspondence in the possession or under the control of the person, which contains information pertaining to the applicant (or to the applicant and another person and to any subsidiary, related body corporate, trust or partnership to which the applicant was a party), including but not limited to:
  - any loan information;
  - any information relating to an account held with a financial institution (passbook, statement or other), including information relating to withdrawals, deposits, transfers and balances;
  - any information (including trust account information) of any solicitor, accountant, real estate agent or other fiduciary.
2. To answer written or verbal queries of, and to provide information (by any means) to the VGCCC to undertake the authorised actions, about the financial resources of the applicant.

## RELEASE

In consideration of a bank, other financial institution, solicitor, accountant, financial adviser or any other person or organisation who has lent money to or borrowed from the applicant providing any of those particulars recorded against the applicant as detailed above under the heading "Authorised actions", **I hereby release** the VGCCC to the full extent of the law and against any claim or demands of any kind and any actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the use or misuse of the information obtained out of this authorisation.

## AUTHORISED PURPOSES

To enable the VGCCC to be satisfied that the applicant and each of its associates is of sound and stable financial background and that, in conducting on-going monitoring, those financial resources continue to be desirable and satisfactory. This authorisation commences on the date below and continues until the later of:

- the VGCCC considers that the applicant is no longer an associated entity of a bookmaker; or
- the expiry of any bookmaker's registration (if granted).

Authorised Officer's Signature:

Dated (dd/mm/yyyy):

## NOTES

1. A photocopy of this form will be considered as effective and as valid as the original.
2. A reference in this **financial information release form** to the VGCCC includes a reference to a member of its staff and any other person appointed in writing by the VGCCC.

# Authorisation by Associate under Section 10.1.32(1)(a)

Gambling Regulation Act 2003

## Who must complete this form?

This form must be completed for all associates requesting approval as an associated entity of an applicant for registration as a bookmaker or an applicant renewing a bookmaker's registration. 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 a currently registered bookmaker, 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. If endorsed, VGCCC staff will be authorised to advise the applicant for registration as a bookmaker (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 application for registration as a bookmaker 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 applicant for a registration as a bookmaker 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 at [contact@vgccc.vic.gov.au](mailto:contact@vgccc.vic.gov.au).

## AUTHORISATION BY AN 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.

Authorised Officer's Signature:

Dated (dd/mm/yyyy):

# 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:

# 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) |  |  |  |
|                               |  |  |  |
|                               |  |  |  |
|                               |  |  |  |

|                             |  |  |  |
|-----------------------------|--|--|--|
| <b>Total Income</b>         |  |  |  |
| Less: Operating Expenditure |  |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>Net Profit/(Loss) before taxation</b> |  |  |  |
| Less: Taxation Payable                   |  |  |  |

|   |  |  |  |
|---|--|--|--|
| <b>Net Profit/(Loss) after taxation</b> |  |  |  |
|---|--|--|--|

|  |  |  |  |
|--|--|--|--|
| <b>Profit &amp; Loss Appropriation</b> |  |  |  |
| Net Profit/(Loss) after taxation       |  |  |  |
| Retained Profits/(Losses) b/fwd        |  |  |  |
| Distribution to Beneficiaries          |  |  |  |
| Dividends declared/paid                |  |  |  |
| Others (please specify)                |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>Retained Profits/(Losses) c/fwd</b> |  |  |  |
|--|--|--|--|

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)                    |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|                             |          |  |  |
|-----------------------------|----------|--|--|
| <b>Total current assets</b> | <b>a</b> |  |  |
|-----------------------------|----------|--|--|

#### Non-current assets

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

|                                 |          |  |  |
|---------------------------------|----------|--|--|
| <b>Total non-current assets</b> | <b>b</b> |  |  |
|---------------------------------|----------|--|--|

|                           |          |  |  |
|---------------------------|----------|--|--|
| <b>Total assets (a+b)</b> | <b>c</b> |  |  |
|---------------------------|----------|--|--|

#### Current liabilities

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

|                                  |          |  |  |
|----------------------------------|----------|--|--|
| <b>Total current liabilities</b> | <b>d</b> |  |  |
|----------------------------------|----------|--|--|

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)                    |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|                                       |          |  |  |
|---------------------------------------|----------|--|--|
| <b>Total non- current liabilities</b> | <b>e</b> |  |  |
|---------------------------------------|----------|--|--|

|                          |          |  |  |
|--------------------------|----------|--|--|
| <b>Total liabilities</b> | <b>f</b> |  |  |
|--------------------------|----------|--|--|

|                         |          |  |  |
|-------------------------|----------|--|--|
| <b>Net assets (c-f)</b> | <b>g</b> |  |  |
|-------------------------|----------|--|--|

#### Equity

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

|                     |          |  |  |
|---------------------|----------|--|--|
| <b>Total equity</b> | <b>h</b> |  |  |
|---------------------|----------|--|--|

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

## 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:

## 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 – 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](http://www.asic.gov.au)

Email: [info.enquiries@asic.gov.au](mailto:info.enquiries@asic.gov.au)

ASIC's Infoline: 1300 300 630

## Attachment 2 – 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 **original** 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, Equifax 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](https://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](https://illion.com.au).

#### Equifax

To obtain your Credit File from Equifax, please visit [mycreditfile.com.au](https://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](https://mycreditfile.com.au).