

Bookmaker Registration – Relative Questionnaire (New)

OFFICE USE ONLY

Date received: / /

Receipt No: _____

File no: _____

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 3, 12 Shelley Street
Richmond Vic 3121

or via email to:

contact@vgccc.vic.gov.au

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 (VGCCC) website at vgccc.vic.gov.au
- telephone the VGCCC on 1300 182 457
- email the VGCCC at contact@vgccc.vic.gov.au

Privacy Policy

The Victorian Gambling and Casino Control Commission is committed to responsible and fair handling of personal information consistent with the *Privacy and Data Protection Act 2014* and its obligations under the *Gambling Regulation Act 2003*.

Confidentiality Provisions

Information provided in your application must not be disclosed by the VGCCC or its staff to someone else, except for the purposes stated in Division 6 of Chapter 10 of the Act (to access these provisions go to vgccc.vic.gov.au).

Strictly confidential

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Important information you must read and note before completing this questionnaire

This form is only to be completed by associates who are to be involved in the applicant's bookmaking business.

You are exempt from completing this form if you are the holder of a current Victorian bookmaker registration or bookmaker key employee registration. This form is only to be completed by associates aged 18 or over.

This questionnaire is to be completed by a current associate of the applicant for a new bookmaker registration. Please note the following points when completing the questionnaire:

- the application will be returned if incomplete or the required documentation, which forms part of the application, is not enclosed
- it is an offence under the *Gambling Regulation Act 2003* to give information that is false or misleading
- personal information supplied by the associate is collected, used and stored in accordance with the *Privacy and Data Protection Act 2014*
- *Business Association - includes a partnership, joint venture, collaboration or similar relationship, however described. This includes any association you have where you are or were a director or company secretary of a company or an office holder of an incorporated association either in or outside of Australia. A business association may be with a person, body or association.

Please note:

- if you require any help in completing this form, you can obtain assistance from your own Solicitor, Accountant etc, or you may call the VGCCC
- failure to provide the requested information (no matter how minor) may be detrimental to the outcome of the bookmaker registration application
- please forward one copy to every individual required to complete this questionnaire.

Answer every question and use BLOCK letters only

Name of Applicant for Bookmaker registration

Bookmaker applicant name:

Please indicate your role in the applicant's bookmaking business:

Personal information

Title (Mr, Mrs, Miss, Ms etc):

Family name:

Given name:

Middle name(s):

Date of Birth (dd/mm/yyyy):

Man

Woman

Self-described:

Please indicate your relationship to the bookmaker:

Contact details

Home phone number (include area code):

Mobile phone number:

Business phone number (include area code):

Fax number (include area code):

Email address:

Residential address

Current residential address:

Postal address (if different)

Postal address

(if same as residential address, write 'as above'):

Business associations

Do you have any *Business Associations?
(Refer to the definition on page 2)

No
Yes

If Yes, please list the person, body or association on the Attachment Page.

The following questions relate to the past 10 years and should include matters arising within or outside Australia.

Criminal history

Have you been found guilty of any offence (includes findings without conviction and good behaviour bonds)? (not including non-custodial traffic offences)

No
Yes

If Yes provide full details of the penalty imposed in the history details section on the following page.

Have you been the subject of a diversion order?

No
Yes

If Yes provide details in the history details section on the following page.

Do you have any investigation or charges pending against you?

No
Yes

If Yes provide details in the history details section on the following page.

Litigation and other proceeding history

Have you been named as either a defendant or respondent in any legal action either personally or via a business association*?

No
Yes

If Yes provide details in the history details section on the following page.

Has any legal action been taken against you personally or against a company, incorporated association, partnership or any other form of business association* of which you were at the time a director, company secretary or committee member or partner?

No
Yes

If Yes provide details in the history details section on the following page.

Corporate history

Do you have any investigations or proceedings pending against you?

No
Yes

If Yes provide details in the history details section on the following page.

Either within or outside Australia, have you been disqualified from acting as an officer of a company?

No
Yes

If Yes provide details in the history details section on the following page.

Regulatory history

Have you had a licence, approval or registration application refused or withdrawn?

No
Yes

If Yes provide details in the history details section on the following page.

Have you had a licence, approval or registration suspended, cancelled, amended or revoked?

No
Yes

If Yes provide details in the history details section on the following page.

Insolvency and financial history

Are you currently insolvent or under administration?

No
Yes

If Yes provide details in the history details section on the following page.

Have you been declared bankrupt?

No
Yes

If Yes provide details in the history details section on the following page.

Are you currently or have been a director or officer of a company or incorporated association which has been wound up, placed into liquidation (except for members' voluntary liquidation), had a receiver or other controller or administrator appointed, entered into a formal or informal scheme of arrangement (however it is described) or has been subject to any like proceedings?

No
Yes

If Yes provide details in the history details section on the following page.

Are you currently in default of any debt incurred solely or jointly in your name?

No
Yes

If Yes provide details in the history details section on the following page.

Please ensure this questionnaire is fully completed as incomplete or partially completed questionnaires may require you to submit a further questionnaire and will delay the application for a new bookmaker registration.

History details

If you have answered yes to any of the questions under the criminal, legal, corporate, regulatory or insolvency history sections, please provide full details below.

Date (dd/mm/yyyy):

Court / Jurisdiction / Regulator:

Offence / Proceeding / Matter:

Result:

Date (dd/mm/yyyy):

Court / Jurisdiction / Regulator:

Offence / Proceeding / Matter:

Result:

Date (dd/mm/yyyy):

Court / Jurisdiction / Regulator:

Offence / Proceeding / Matter:

Result:

Date (dd/mm/yyyy):

Court / Jurisdiction / Regulator:

Offence / Proceeding / Matter:

Result:

Signature of Associate

I hereby declare that the above answers are true and correct and are made on the understanding that I am liable to prosecution for providing false and misleading information related to this questionnaire. I understand that by typing my name below, I am deemed to have signed this document.

Name:

Signature:

Date:

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Financial Information Release Form

Gambling Regulation Act 2003

The information provided will be used to determine the application for approval of a bookmaker registration and for ongoing monitoring:

Name: _____ of _____
(Full name of associate)

Address: _____ ('associate')
(Full address of associate)

The associate hereby authorises all persons who receive a photocopy of this form from the Victorian Gambling and Casino Control Commission (VGCCC) and its staff to undertake the authorised actions for the authorised purposes as set out below:

AUTHORISED ACTIONS

- 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 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 fiduciary.
- 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 associate.

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 associate providing any of those particulars recorded against the associate 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 make an assessment of the associate's financial stability and to be satisfied that the associate has desirable and satisfactory financial resources and, in conducting on-going monitoring, the associate's continued financial stability and that those financial resources continue to be desirable and satisfactory. This authorisation commences on the date below and continues until the latter of:

- the VGCCC considers that the associate is no longer associated with the holder of a bookmaker registration; or
- the expiry of any bookmaker registration (if granted).

Signature of associate:

Date (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.

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Consent for Release of Information by Law Enforcement Agencies

Gambling Regulation Act 2003

The information provided will be used to determine the application for approval of a bookmaker registration and for ongoing monitoring:

Name: _____ of _____
(Full name of associate)

Address: _____ ('associate')
(Full address of associate)

CONSENT

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

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

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

(collectively referred to as 'law enforcement agencies')

(b) Release of particulars of any convictions, findings of guilt or other information recorded against the associate 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 the application for approval of a bookmaker registration under the *Gambling Regulation Act 2003* to the VGCCC.

RELEASE

On 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 the release 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 latter of:-

- the VGCCC considers that the associate is no longer associated with the holder of a bookmaker registration; or
- the expiry of any bookmaker registration (if granted).

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

EXECUTION AS A DEED

Signature of associate:

Date (dd/mm/yyyy):

Signature of witness:

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

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Attachment page

NOTE: Please use this page if you need to provide additional information. List the question title to which each piece of additional information relates. Please copy this page if additional pages are required. Make sure you attach page/s when submitting your response. If you have answered Yes to having current Business Association(s), please provide the details here.

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

YES

NO