

Commercial raffle organiser's licence – approval as an associated entity

JUNE 2019
CD/15/229160

This package contains the application and information material for approval as an associated entity of a commercial raffle organiser.

How to apply

Send application to:

Victorian Commission for Gambling and Liquor Regulation
GPO Box 1988
MELBOURNE VIC 3001

or lodge in person at:

49 Elizabeth Street
RICHMOND VIC 3121

Need help?

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

- visit the Victorian Commission for Gambling and Liquor Regulation (VCGLR) website at vcglr.vic.gov.au
- telephone the VCGLR on 1300 182 457
- email the VCGLR at contact@vcglr.vic.gov.au



Request for approval as an associated entity of a commercial raffle organiser

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ATTACHMENTS TO THE FORM

Business Credit File	Attachment 1
Historical Organisational Extract	Attachment 2

IMPORTANT INFORMATION

This application is an important part of the approval process for a Commercial Raffle Organiser's Licence. A Commercial Raffle Organiser's Licence cannot be granted by the Victorian Commission for Gambling and Liquor Regulation (the VCGLR) 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 or if the correct application fee is not paid.

Where an entity seeking approval as an associate of an applicant for a *new* Commercial Raffle Organiser's Licence, associate documentation forms part of the Licence application and must be forwarded to the VCGLR as part of this application. A Commercial Raffle Organiser's Licence application will not be accepted or registered by the VCGLR 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* Commercial Raffle Organiser's Licence, this application form can be lodged as follows:

Delivery to the VCGLR's office:

VCGLR
Level 3, 12 Shelley Street, Richmond

Mail to:

VCGLR
GPO Box 1988
MELBOURNE VIC 3001

Application fee

To confirm the current fee, refer to the 'Gambling fees and fines' information sheet available at vcglr.vic.gov.au.

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 www.vcglr.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 VCGLR 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 VCGLR 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 VCGLR of specified changes in your situation. Whenever a specified change takes place, you must give written notice to the VCGLR within 14 days of the change taking place. If the VCGLR 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.

Privacy Policy Statement

The VCGLR 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*.

Confidentiality Provisions

Information provided in your application must not be disclosed by the VCGLR or its staff to someone else, except for the purposes stated in Division 6 of Chapter 10 of the *Gambling Regulation Act 2003*. Go to www.vcglr.vic.gov.au to access this Act.

LODGEMENT GUIDE

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, state N/A (not applicable) in response.
- ANY QUESTION NOT ANSWERED OR LEFT BLANK WILL RESULT IN THE APPLICATION FORM BEING RETURNED.
- If the space available is insufficient, please supply the required information on an attachment page. Begin each answer with the title and reference of that question.
- Prior to lodging this application please ensure that you have attached all required items listed below.
- **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 or if the correct application fee is not paid.**

The following documentation MUST be submitted with this application:

- Associated Individual and Entity forms, completed by associates identified in Q7, Q23, Q24, Q25, Q26(d), and Q27 must be completed and include all required attachments.
- Original** Historical Organisational Extract (only applicable if the Associated Entity is a company)–*Refer to Q18 and Attachment 2.*
- Original** Business Credit File–*Refer to Q28 and Attachment 1*
- Accountants or auditor’s statement –*Refer to Q34*
- 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).

<h1 style="margin: 0;">Request for approval as an associated entity of a commercial raffle organiser</h1>	<p>Office Use Only</p> <p>Allocation Date: / /</p> <p>Associated Entity No:</p> <p>Assigned to (Print name):</p>
-----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

Details of Commercial Raffle Organiser

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

(a) an application for a new Commercial Raffle Organiser’s Licence

(b) an application for renewal of a Commercial Raffle Organiser’s Licence

(c) an application as a new associate of the holder of a current Commercial Raffle Organiser’s Licence

Commercial Raffle Organiser’s name

Commercial Raffle Organiser’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:

.....

No. Street

.....

City/Town/Suburb State Postcode

5. Postal address (if same as registered office address, write ‘as above’)

.....

No./PO Box Street

.....

City/Town/Suburb State Postcode

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6. Contact Details: Email Address:
Telephone No: (.....) Facsimile No: (.....)

7. 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 Associated Entity:
(company director, secretary, treasurer, president etc)

Telephone (BH): (.....) Facsimile No: (.....)

Mobile No: 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.

.....
.....
.....

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
..... / /
..... / /
..... / /

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): / /
(Day/Month/Year)

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):/...../.....
(day/month/year)

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. 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):

Plaintiff: Jurisdiction*:

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

Case no. issued by court/tribunal:

Next scheduled hearing date (if known):/...../.....
(day/month/year)

Have further details been provided on an attachment page? YES NO

13. Has the Associated Entity ever taken part in a diversion program? YES NO

If **NO**, proceed to Q14. If **YES**, provide the following details:

Nature of legal action:

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

Racing and Gambling History

14. Has the Associated Entity ever applied for **any** racing or gambling industry licence, approval, authorisation or registration? YES NO

If **NO**, proceed to Q15. 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 Licence No. (if known)

.....
 Name of Racing/Gambling Regulator (if known) Name shown on licence, approval etc

Licence/Approval Association dates: / to /
 (month/year) (month/year)

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

.....
 Type of licence, approval etc sought Licence No. (if known)

..... /
 Date of application (mth/yr) Name of Racing/Gambling Regulator (if known)

Reason for refusal or withdrawal:

Have further details been provided on an attachment page? YES NO

15. 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 Q16. If **YES**, provide the following details:

Type of licence, approval etc:

Licence No (if known): Jurisdiction*:

Name of Gaming Regulator (if known):

Details of disciplinary 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

16. 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 Q17. 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/...../..... Jurisdiction*:
(day/month/year)

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

Have further details been provided on an attachment page? YES NO

17. Is there any investigation or charge currently pending against the Associated Entity in respect of any offence?
 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 **original** 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 VCGLR 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 VCGLR'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 **original** Historical Organisational Extract or an overseas equivalent report attached?
 YES NO N/A

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.

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

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 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 Q27

20. Date of Incorporation: / /
(day/month/year)

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:

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22. 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

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
.....
.....
.....
.....
.....
.....
.....
.....

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 VCGLR may at its discretion require any other shareholder in the associated entity to complete an associate form.

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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
.....
.....
.....
.....
.....

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
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	
.....
First name	Middle name/s	Surname	

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

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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. 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
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

(c) Specify all of the current 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 **all** 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 Q27(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 Associated Entity is a PARTNERSHIP, complete Q28

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
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

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 an **original** Business Credit File from Equifax (refer to instructions at Attachment 1). Only matters **not** reported in this credit report should be disclosed when responding to Q30.

29. Is an **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**, 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: / /
(day/month/year)

Financial Institution or creditor:

Amount owing (total amount): \$..... Amount in default (total amount): \$.....

Date payment was due: / /
(day/month/year)

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 Associated Entity)

YES NO

If **NO**, proceed to Q32. If **YES**, provide details below:

Type of proceedings

Date action taken: /
(month/year)

Reason for action taken:

.....
.....
.....

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

Name: Ph No: (.....)

Have further details been provided on an attachment page? YES NO

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

YES NO

If **NO**, proceed to Q33. If **YES**, provide details below:

Type of proceedings

Date action taken: /
(month/year)

Reason for action taken:

.....

.....

.....

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

Name: Ph No: (.....)

Have further details been provided on an attachment page? 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**, provide details below:

Type of proceedings

Date action taken: /
(month/year)

Reason for action taken:

.....

.....

.....

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

Name: Ph No: (.....)

Have further details been provided on an attachment page? YES NO

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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:

(iii) Financial Institution/Source name:

Branch/Source address:

.....

Nature of account:

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 VCGLR 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. Is an accountant or auditor's statement for the applicant or, where applicable, the holding company attached? YES NO

If **YES**, proceed to 'declaration by authorised officer'. If **NO**, proceed to Q35.(a).

(a). If an accountant or auditor's statement is not attached, is the summary of financial information and directors' solvency attached? YES NO

If **YES**, proceed to 'declaration by authorised officer'. If **NO**, provide reasons on an attachment page.

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: Date:/...../.....
(day/month/year)

Signature of witness*:

Print name of witness:

* Any adult can be a witness.

Payment details

IMPORTANT INFORMATION

The prescribed fee must accompany this application. Please note that once an application has been registered, the application fee is non-refundable. **Note:** To confirm the current fee, refer to the 'Gambling fees and fines' information sheet available at www.vcglr.vic.gov.au. The application fee can be paid by:

- cheque or money order, made payable to the Victorian Commission for Gambling and Liquor Regulation; or
- credit card by completing the appropriate details below.

PAYMENT BY CREDIT CARD

Card type MasterCard Visa **Amount \$**

(tick appropriate box)

Card Number **Expiry Date**

Name Shown on Card

Cardholder's Signature

Daytime telephone contact number of cardholder

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VICTORIA

Gambling Regulation Act 2003

FINANCIAL INFORMATION RELEASE FORM

In the matter of this request for approval as an associate of an applicant for or the holder of a current Commercial Raffle Organiser's Licence by:

Name: of
(Print associated entity's name – name of company)

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 Commission for Gambling and Liquor Regulation (the VCGLR) and its staff to undertake the **authorised actions** for the **authorised purposes** as set out below:

AUTHORISED ACTIONS

(a) To allow the VCGLR and its staff or any other person appointed in writing by the VCGLR, 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.

(b) To answer written or verbal queries of and to provide information (by any means) to the VCGLR and its staff or any other person appointed in writing by the VCGLR to undertake the authorised actions, about the financial resources of the associate.

AUTHORISED PURPOSES

To enable the VCGLR to be satisfied, in considering the suitability of an associate of an applicant for or the holder of a Commercial Raffle Organiser'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:
(Signature of Authorised Officer on behalf of the associated entity)

Dated: / /
(Day/Month/Year)

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 VCGLR is reference to a person employed by the VCGLR to assist in the administration of the *Gambling Regulation Act 2003*.

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VICTORIA
Gambling Regulation Act 2003

AUTHORISATION BY ASSOCIATED ENTITY UNDER SECTION 10.1.32(1)(a)

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 Commission for Gambling and Liquor Regulation (the VCGLR) and its staff to disclose the information outlined below. The VCGLR 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, VCGLR staff will be authorised to advise the licence applicant (to which this request for approval relates) that information obtained by the VCGLR 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 VCGLR 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 VCGLR on telephone 1300 182 457 or email your enquiry at contact@vcglr.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
(Print full name of associated entity)

Address: **(associate)**
(Full address of associated entity)

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

AUTHORISATION

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

Date:/...../.....
(Day/Month/Year)

Accountant or Auditor's Statement

In the matter of this application for approval as an associate and for the purposes of ongoing monitoring.

Section 10.4A.1 of the *Gambling Regulation Act 2003* (the Act) requires the Commission to consider whether an applicant for approval as an associate 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 Act.

Name of Applicant:	
Name of Accountant or Auditor:	
Accountant or Auditor's address:	
Qualification (please tick)	
Chartered accountant <input type="checkbox"/>	Certified Practicing Accountant <input type="checkbox"/>
<p>I have considered all relevant documentation relating to the financial affairs of the above applicant.</p> <p>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.</p>	
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	
Name of signatory	Date

Accountant or Auditor's Statement

In the matter of this application for approval as an associate and for the purposes of ongoing monitoring.

Summary of financial information

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 VCGLR 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*.

	Year ended/...../...../...../...../...../.....
Profit & Loss Statement				
Total Sales/Revenue				
Less: Cost of Sales				
Gross Operating Profit				
Other Income <i>(please specify)</i>				
<hr/>				
Total Income				
Less: Operating Expenditure				
Net Profit/(Loss) before taxation				
Less: Taxation Payable				
Net Profit/(Loss) after taxation				
<hr/>				
Profit & Loss Appropriation				
Net Profit/(Loss) after taxation				
Retained Profits/(Losses) b/fwd				
Distribution to Beneficiaries				
Dividends declared/paid				
Others <i>(please specify)</i>				
<hr/>				
Retained Profits/(Losses) c/fwd				
<hr/>				
	Year ended/...../...../...../...../...../.....
Current assets				
Cash & deposits				
Trade debtors				
Other debtors				
Inventories				
Amounts owing by related parties/entities				
Amounts owing by shareholders/unit-holders				
Others <i>(please specify)</i>				
<hr/>				
Total current assets	a			

STRICTLY CONFIDENTIAL

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

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Total assets (a + b)

c

--	--	--

Current liabilities

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

Total current liabilities

d

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Non-current liabilities

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

Total non-current liabilities

e

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Total liabilities (d + e)

f

--	--	--

Net assets (c - f)

g

--	--	--

Year ended/...../..... /...../..... /...../.....

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)

STRICTLY CONFIDENTIAL

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

Signature of authorised officer

Date

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

Signature of Director

Date

Name of Director

Signature of Director

Date

Name of Director

Signature of Director

Date

Name of Director

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.

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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 may 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 VCGLR 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.

All matters detailed in the Credit File are taken into consideration by the VCGLR 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 the 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 Report from illion please visit express.illion.com.au or alternatively, you may contact illion on 13 83 32 to arrange for its provision. Additional information may also be found at illion.com.au.

Equifax

To obtain your Credit Report 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 (ie. 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 Commission for Gambling and Liquor Regulation. 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