

TASMANIAN GAMING COMMISSION GAMING CONTROL ACT 1993



INCORPORATED BODY HISTORY PROFORMA

The "Incorporated Body" History Proforma is to be completed to enable suitability checks to be performed in connection with:

1. Application to be listed on the Roll of Recognised Manufacturers, Suppliers and Testers of Gaming Equipment (the Roll); or
2. Associate Incorporated bodies of an applicant for the Roll.

This document and its contents will remain strictly confidential to the Tasmanian Gaming Commission.

Hobart

80 Elizabeth Street, HOBART
G P O Box 1374, HOBART
Ph: (03) 6233 2475
Fax: (03) 6234 1728

E-mail:

gaming@treasury.tas.gov.au

Web: www.treasury.tas.gov.au

Launceston

Henty House, 1 Civic Square, LAUNCESTON
P O Box 972, LAUNCESTON
Ph: (03) 6336 2261
Fax: (03) 6336 2799

Legislation referred to in this information leaflet is available on the Web at: www.thelaw.tas.gov.au



Liquor and Gaming
Department of Treasury and Finance



GAMING CONTROL ACT 1993

INFORMATION

In accordance with the *Gaming Control Act 1993*, the Tasmanian Gaming Commission is required to conduct investigations of all incorporated bodies, which seek to be listed on the Roll of Recognised Manufacturers and Suppliers of Gaming Equipment in Tasmania.

Assessment process -

The assessment will involve references to various organisations which may include the following:

Tasmania Police
Financial Institutions
Professional Bodies
Australian Securities and Investments Commission
Gaming Regulatory Authorities.

Where applicable, reference may also be made to interstate, federal and overseas equivalents of these organisations.

Failure to fully disclose all information or to provide complete records as required may, in itself, be sufficient reason to result in your application being denied.

Completion -

The Incorporated Body History Proforma must be completed by:

- the Principle Executive Officer;
- if the Principle Executive Officer does not have the knowledge of the relevant facts, another person (eg. Director or Company Secretary) who has the knowledge and is authorised by the applicant to make the affidavit; or
- member of the Executive Committee where a club is the applicant.

Submission -

If accompanied by an application for licence, please enclose the application and any accompanying fee in an envelope and forward to the Tasmanian Gaming Commission marked:

PERSONAL AND CONFIDENTIAL -

Tasmanian Gaming Commission
Gaming Operations Branch
GPO Box 1374
HOBART 7001

OR

Tasmanian Gaming Commission
Gaming Operations Branch
80 Elizabeth Street
HOBART 7000

Associate Application Form -

Any person who holds the position of director, partner, trustee, executive officer and secretary and any other officer or person determined by the Commission to be associated or connected with the ownership, administration or management of the corporation must complete a Associate Application Form.

DIRECTIONS FOR COMPLETION

Before commencing this form please read the following questions carefully. IF YOU REQUIRE ASSISTANCE, you may contact the Tasmanian Gaming Commission on (03) 6233 2475 or 6233 2482.

1. Write in BLOCK LETTERS an answer to every question.
2. If a question does not apply to you state "N/A" in response to that question.
3. If there is nothing to disclose in reply to a particular question state "NIL" in response to that question.
4. If the space available is insufficient please supply the required information on an attachment page.
5. When requested to use an attachment page precede each answer thereon with the number applicable to that question.
6. All dates should be completed in the Form: Day/Month/Year.
7. Each page of this form and each attached page should be signed by the person completing the form in the space provided at the bottom of each page.
8. All amounts are to be recorded in Australian Dollars. Conversion from foreign currency should be made using current exchange rates.
9. Complete and sign the Statutory Declaration

Details of Company

1.	Full Company Name
2.	ACN or ABN No of Compnay (please specify)
3.	Registered Office of Company
4.	Details of a contact person <i>This is the person who is to receive any correspondence from the Commission.</i>
a)	Title (Mr, Mrs, Miss, Ms, Dr)
b)	Full Name
c)	Position Title
d)	Postal Address
e)	Day time telephone No. ()
f)	Fax No. ()
g)	E-mail
5.	Provide details of each director, manager, secretary of the company: <i>Note: Each person shown here must also complete a 'Associate Application Form'.</i>

Full Name..... Residential Address..... Date of birth Position.....
Full Name..... Residential Address..... Date of birth Position.....
Full Name..... Residential Address..... Date of birth Position.....

Full Name..... Residential Address..... Date of birth Position.....
Full Name..... Residential Address..... Date of birth Position.....
Full Name..... Residential Address..... Date of birth Position.....
Full Name..... Residential Address..... Date of birth Position.....
Full Name..... Residential Address..... Date of birth Position.....

If you answer YES to any of the following questions, provide details on attachment page.

	Yes	No
6. GOVERNMENT AGENCIES		
a) Has a director ever been disqualified from acting as such under any provision of current or previous Australian Corporations and Securities Legislation (or overseas equivalent)?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the company/incorporated body ever been under investigation by the Australian Securities and Investments Commission or any other Government authority to your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has the company/incorporated body ever been associated with a company/incorporated body that is currently, or has been, under investigation by the Australian Securities and Investments Commission or any other Government authority to your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>

d)	Has the company/incorporated body ever been granted a licence by Government to supply liquor, operate a hotel or conduct bookmaking activities, or licensed as a real estate agent, private enquiry agent or security officer?	<input type="checkbox"/>	<input type="checkbox"/>
e)	Has the company/incorporated body ever been refused a licence by Government to supply liquor, operate a hotel or conduct bookmaking activities or had any such licence revoked?	<input type="checkbox"/>	<input type="checkbox"/>

7. CONVICTIONS

		Yes	No
a)	Has the company/incorporated body ever been convicted of an offence.	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are you aware of any current charges or summons against the company/incorporated body, which are before a Court for any offence or violation? If YES give details of nature of offence, court date of appearance	<input type="checkbox"/>	<input type="checkbox"/>

8. FINANCIAL HISTORY		Yes	No
a)	Has the company/incorporated body ever been subject to an adverse credit rating?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Has the company/incorporated body acted as guarantor for any person or entity which is currently in default of that financial agreement?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Has the company/incorporated body ever been placed in external administration (that is liquidation, receivership, administration or scheme of arrangement)?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Does the company/incorporated body have any financial interest whether directly or indirectly, with an individual or in any business, whether registered or not, in Australia or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
e)	Has the company/incorporated body ever been insolvent?	<input type="checkbox"/>	<input type="checkbox"/>

9. GAMING		Yes	No
a)	Does the company/incorporated body hold a licence in the casino/gaming industry, either in Australia or overseas? (If YES, please include Licence Type and No, Jurisdiction and name of the Control Authority on the attachment page.)	<input type="checkbox"/>	<input type="checkbox"/>

10. BUSINESS AFFILIATIONS		Yes	No
a)	Does the company/incorporated body have any interest, financial or otherwise, in any other company/incorporated body or with any person or business, or has the company/incorporated body ever provided any financial assistance or other support to any other company/incorporated body, person, business, association or other body involved with the casino/gaming industry?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Does the company/incorporated body have any other company/incorporated body, or person, acting on its behalf in Australia or overseas?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Has the company/incorporated body ever changed it's name?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Does the company/incorporated body have, or does it use, or has it previously used, any (other) business name?	<input type="checkbox"/>	<input type="checkbox"/>

11. SHAREHOLDINGS

List the major shareholders and share amounts:

Shareholder	Share Amounts

DOCUMENTS TO ACCOMPANY THIS FORM

- Copies of the memorandum and articles of association, replaceable rules, constitution or other incorporating documents in force at this time;
- A copy of the most recent auditor's report on the financial affairs of the company;
- Certificate of Registration from the Australian Securities and Investments Commission;
- Certificate of Registration for the business name under which the company conducts its operations (if applicable);
- A corporate family tree showing how the company relates to subsidiary, parent and related entities;
- Financial statements of the "company" consisting of a balance sheet, profit and loss statement and explanatory notes for the past three financial years; and
- Provide details of all Holding, Subsidiary and related Companies defined pursuant to the relevant Corporation Law (or equivalent) including details as to the nature of the business conducted by such companies.

STATUTORY DECLARATION VERIFYING HISTORY PROFORMA - INCORPORATED BODY

I 1

of 2

DO SOLEMNLY AND SINCERELY DECLARE:

- (a) I have personally completed all the information required in this proforma; and
- (b) I certify that the particulars contained in the completed proforma are true and correct in every detail and fully disclose the information required to complete this proforma.

AND I MAKE THIS SOLEMN declaration by virtue of the *Oaths Act 2001*.

.....

(Signature of Applicant)

DECLARED at 3.....)

in the State of 4.....)

this day of 20

.....

(Signature of Witness)

before me

.....

.....

(Name and Occupation of Witness)

NOTES

- 1 Full name
- 2 Address
- 3 Place of declaration, e.g. Hobart
- 4 State of declaration, e.g. Tasmania

CATEGORY OF ACCEPTABLE WITNESSES

- | | | | |
|----|---|----|--|
| 1 | A Commissioner for Declarations | 11 | A veterinary surgeon |
| 2 | A Justice of the peace or bail justice | 12 | A pharmacist |
| 3 | A notary public | 13 | A principal in the teaching service |
| 4 | A barrister and solicitor of the Supreme Court | 14 | The manager of a bank |
| 5 | A clerk to a barrister and solicitor of the Supreme Court | 15 | A member of the Institute of Chartered Accountants in Australia or the Australian Society of Certified Practising Accountants or the National Institute of Accountants |
| 6 | A member of the police force | 16 | A minister of religion authorised to celebrate marriages |
| 7 | A councillor of a municipality | 17 | A person who holds a prescribed office in the public service. |
| 8 | A town clerk or municipal manager | 18 | An authorised person of the Tasmanian Gaming Commission. |
| 9 | A legally qualified medical practitioner | | |
| 10 | A dentist | | |

Gaming Control Act 1993
Authority and Consent
(Companies)

To: All courts, Government Departments, employers, educational institutions, banks, financial and other institutions, all agencies - Federal, State and Local Governments, without exception both foreign and domestic and to whomsoever else this authorisation and consent may be duly presented.

From:
Name of Company ACN/ABN

of
Address

Telephone:

hereby authorise and consent to the Tasmanian Gaming Commission ("the Commission") and any delegate of the Commission to obtain information (including financial and other confidential information) concerning the Company and its associates.

Without restricting the generality of this authorisation and consent the Commission or its delegate may have access to inspect and obtain copies of the following:

- a) any credit report, other report, legal or personal information derived from those reports that has any bearing on the Company's and its associates credit worthiness, credit history, credit standing or credit capacity;
- b) any loan information, cheque account records, savings deposit records, safe deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to the Company and its associates;
- c) any records relating to investigations of the Company's and its associates activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies, corporate regulatory agencies or any gaming or casino regulatory bodies;
- d) any court records relating to any present or past civil or criminal court proceedings to which the Company and its associates is or was a party; and
- e) any other document, record or correspondence pertaining to the Company and its associates.

A photocopy of this Authority and Consent will be considered as effective and as valid as the original.

This Authority and Consent shall be used for the purposes of the Company's application for a Licensed Premises Gaming Licence, Tasmanian Gaming Licence or Listing on the Roll of Recognised Manufacturers and Suppliers of Gaming Equipment under the *Gaming Control Act 1993*.

One of the purposes of this Authority and Consent is to satisfy Section 18K(1)(m) of the Commonwealth *Privacy Act 1988* which provides that the personal information in possession of the credit provider can only be disclosed to another person where disclosure can be required or authorised by or under law. Sections, 25, 40, 68 and 76G of the *Gaming Control Act* provides that the Commission may require persons to furnish it with any authorities and consents that the Commission directs to enable it to obtain information concerning the person and his or her associates or relations from other persons.

Signed and Sealed by) OR Signed on behalf of and with the)
(Name of Company)) authority of the Company in the)
in the presence of:) presence of:)

Director

Secretary

Date: / /20 **Date:** / /20

Notes: In this Authority and Consent form reference to associates includes the directors, managers, secretaries and companies associated with the Company, as well as its business associates.