

# TASMANIAN GAMING COMMISSION GAMING CONTROL ACT 1993



## PERSONAL HISTORY AND SUITABILITY OF PERSON PROFORMA

The “Personal History and Suitability of Person” Proforma is to be completed to enable suitability checks of an:

1. Applicant for Special Employee’s Licence;
2. Applicant for Technician Licence;
3. Associate of an application for Licensed Premises Gaming (LPG) Licence;
4. Associate of an application for listing on the Roll of Recognised Manufacturers and Suppliers of Gaming Equipment;
5. Natural Person who is applying for a Licensed Premises Gaming (LPG) Licence; or
6. Natural Person who is applying to be listed on the Roll of Recognised Manufacturers and Suppliers of Gaming Equipment.

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

Tasmanian Gaming Commission  
GPO Box 1374  
Hobart Tas Australia 7001

Telephone: (03) 6233 2482

Fax: (03) 6234 1728 or 6234 3357

## INFORMATION ABOUT THIS PROFORMA

### **IMPORTANT information for special employee licence applicants**

You **MUST NOT** operate gaming equipment without a licence to do so.

Section 50 (1) of the *Gaming Control Act 1993* states that “a person must not exercise the functions of a special employee except in accordance with the authority conferred on the person by a licence”.

Failure to comply with this section may result in a fine of up to \$5 000 or a term of imprisonment not exceeding three months or both.

### **Customer Service Charter**

It is the Commission’s aim to process a **COMPLETE** Personal History and Suitability of Person Proforma within ten (10) working days from the receipt of the form. Before commencing this proforma, please read the following information carefully. IF YOU REQUIRE ASSISTANCE, you may contact the Tasmanian Gaming Commission on (03) 6233 2482 or (03) 6233 2475.

Failure to disclose all relevant information known to the applicant, or to provide complete records as required may in itself constitute an offence or bring into question the suitability of the applicant and be sufficient reason to refuse the application.

### **Eligibility**

An applicant may be rejected if the applicant has been convicted of an offence which involves dishonesty or any offence punishable by imprisonment of three or more months. An applicant must generally be considered by the Commission to be sufficiently honest and trustworthy to hold a licence. In assessing your suitability the Commission may contact various organisations including the following:

|   |  |
|---|--|
| Police                                    | Australian Securities and Investments Commission |
| Registrar of Births, Deaths and Marriages | Gaming Regulatory Authorities                    |
| Credit Agencies                           | Financial Institutions                           |

### **Probity**

All applicants (including Associates), with the **EXCEPTION** of those applicants **previously** fingerprinted for the purposes of obtaining a Tasmanian Gaming Commission Licence, are required to be fingerprinted and palm printed unless the Commission requests otherwise.

When completing the information relating to offences, you may be entitled to refuse to disclose a Federal or interstate conviction. **This does not apply to convictions obtained in Tasmania.**

Usually, this right arises after a specific period of time (for example, 10 years for adult offences against the Commonwealth) and applies to specific offences under Federal law, where the sentence imposed by the court was non-custodial or was for imprisonment for 2.5 years or less. A right of non-disclosure will normally lapse if you have been convicted again.

If you think you may be entitled to claim a right of non-disclosure in relation to offences, you should check with the Privacy Commissioner on the Privacy hotline: 1300 363 992 (toll free).

You are required to give authority and consent to the Commission to obtain information (including financial and other confidential information) relevant to your application.

## **Destruction of Finger and Palm Prints**

Pursuant to Section 162 of the *Gaming Control Act 1993*, all fingerprints and palm prints obtained by the Commission under this Act and any copies of them may be destroyed by the Commission as soon as the Commission has no further use for them. The Commission will destroy fingerprints where an application for a licence is refused.

## **DIRECTIONS FOR COMPLETION OF THE INDIVIDUAL PROFORMA**

Before commencing this form please read the following instructions carefully.

1. If a question does not apply to you state "N/A" in response to that question.
2. If there is nothing to disclose in reply to a particular question state "NIL" in response to that question.
3. If the space available is insufficient please supply the required information on attachment page.
4. When requested to use the attachment page, precede each answer with the number applicable to that question.
5. All dates should be completed in the form: Day/Month/Year.
6. Each page of this form and each attached page should be signed by the applicant in the space provided at the bottom of each page.
7. **All** applicants must provide witnessed copies of required identification documents as per instructions detailed on page 6 of this proforma.
8. **Special Employee** and **Technician** applicants must provide four recent passport size photographs as per the instructions detailed on page 6 of this proforma.

As each applicant is required to complete varying sections of this proforma document, the following list identifies questions and pages that **must** be completed by each applicant.

### **Special Employee Applicants**

Questions 1 to 23

Financial Statements & Schedules (*Casino Management, Casino Security, Statewide Gaming Management and Tasmanian Gaming Licence Management applicants only*)

Statutory Declaration

Authority & Consent

Checklist

### **Technician Applicants**

Questions 1 to 24

Financial Statements & Schedules (*Technician A applicants only*)

Statutory Declaration

Authority & Consent

Checklist

### **Associate Applicants**

Questions 1 to 23

Statutory Declaration

Authority & Consent

Checklist

### **Individuals applying for a Licensed Premises Gaming (LPG) Licence**

Questions 1 to 23

Financial Statements & Schedules

Statutory Declaration

Authority & Consent

Checklist

### **Individuals applying to be listed on the Roll of Manufacturers & Suppliers**

Questions 1 to 23

Financial Statements & Schedules

Statutory Declaration

Authority & Consent

Checklist

# DOCUMENTS WHICH MUST ACCOMPANY THIS PROFORMA

## 1 Sufficient identification to establish your identity. (100 Point Check)

Select sufficient identification from the list below to score 100 points. The copies need to be endorsed with the words **“Original Sighted” signed (witness name)**. Refer to the category of acceptable witnesses below. You must use at least one (1) document from column A.

| Column A   |    | Column B   |    |
|--|----|--|----|
| Current Passport*  | 70 | Credit Card, ATM card, Bank passbook                       | 25 |
| Citizenship Certificate*   | 70 | Tertiary Education Certificate                             | 25 |
| Full Birth Certificate* <b>or</b><br>Certified Extract of Birth* | 70 | Public Utility Account (eg Hydro, Telstra, Council Rates ) | 25 |
| Health Care Card   | 40 | Medicare Card  | 25 |
| Student Photo ID Card  | 40 |  |    |
| Current Drivers Licence  | 40 |  |    |
| Current Gun Licence  | 40 |  |    |

\*You may only use one of these documents.

## NOTE: CATEGORY OF ACCEPTABLE WITNESSES

(a family member is NOT an acceptable witness)

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

| Show here the details of the witness to your identification |  |
|---|--|
| Name  |  |
| Address   |  |
| Occupation  |  |
| Telephone No.   |  |
| Category of witness   |  |

## 2 Four (4) recent passport size photographs

**NOTE:** *SPECIAL EMPLOYEE AND TECHNICIAN APPLICANTS ONLY. ASSOCIATES, LPG OR ROLL APPLICANTS ARE NOT REQUIRED TO SUBMIT PHOTOGRAPHS.*

The photographs must be witnessed on the back. The witness must state:

“This is a true photograph of (applicant’s name) signed (witness name).”

| <b>Show here the details of the witness to your photographs</b> |  |
|---|--|
| Name  |  |
| Address   |  |
| Occupation  |  |
| Telephone No.   |  |
| Category of witness   |  |

**NOTE: CATEGORY OF ACCEPTABLE WITNESSES**  
(a family member is NOT an acceptable witness)

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

**3** You may be requested to provide additional information as part of the assessment of your Individual Proforma.

### **Submission of your Personal History and Suitability of Person Proforma**

Personal History and Suitability of Person Proformas should be forwarded to the Tasmanian Gaming Commission marked:

PERSONAL AND CONFIDENTIAL

The Chairman  
Tasmanian Gaming Commission  
Gaming Operations Branch  
GPO Box 1374  
HOBART 7001

OR

The Chairman  
Tasmanian Gaming Commission  
Gaming Operations Branch  
Level 2 - 80 Elizabeth Street  
HOBART 7000

|   |   |                             |                              |                               |                             |                             |
|---|---|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|
| 1 | <b>Surname</b>  |                             |                              |                               |                             |                             |
| 2 | <b>Title</b><br>Please tick   | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> |
| 3 | <b>Given Name</b>   |                             |                              |                               |                             |                             |
| 4 | <b>Middle Name/s</b>  |                             |                              |                               |                             |                             |
| 5 | <b>Other Names</b><br>(maiden, nicknames, aliases etc)                                    |                             |                              |                               |                             |                             |
| 6 | <b>Date of Birth</b>  |                             |                              |                               |                             |                             |
| 7 | <b>Place of Birth</b><br>(Town and State)   |                             |                              |                               |                             |                             |
| 8 | <b>Present Residential Address</b>  |                             |                              |                               |                             |                             |
|   | Month & Year  | From                        |                              | To                            |                             |                             |
|   | <b>List all addresses where you have permanently resided over the last five(5) years.</b> |                             |                              |                               |                             |                             |
| A | <b>Address</b>  |                             |                              |                               |                             |                             |
|   | Month & Year  | From                        |                              | To                            |                             |                             |
| B | <b>Address</b>  |                             |                              |                               |                             |                             |
|   | Month & Year  | From                        |                              | To                            |                             |                             |
| C | <b>Address</b>  |                             |                              |                               |                             |                             |
|   | Month & Year  | From                        |                              | To                            |                             |                             |
| 9 | <b>Telephone No.</b>  | <b>home</b>                 | (                    )       | <b>work</b>                   | (                    )      |                             |

.....  
Signature of applicant

|    |  |  |             |    |                              |  |                             |    |
|----|--|--|-------------|----|------------------------------|--|-----------------------------|----|
| 10 | <b>Have you lived outside of Tasmania in the past ten (10) years? If YES complete below:</b> |  |             |    | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |    |
|    |  |  | <b>Year</b> |    |                              |  | <b>Year</b>                 |    |
|    |  |  | From        | To |                              |  | From                        | To |
|    | New South Wales  |  |             |    | Northern Territory           |  |                             |    |
|    | Victoria   |  |             |    | South Australia              |  |                             |    |
|    | Queensland   |  |             |    | Western Australia            |  |                             |    |
|    | ACT  |  |             |    | Overseas                     |  |                             |    |
|    | Give details of any overseas residency. (include which years)                                |  |             |    |                              |  |                             |    |

|    |   |  |                                  |  |                                   |  |                             |  |
|----|---|--|----------------------------------|--|-----------------------------------|--|-----------------------------|--|
| 11 | <b>Are you married or do you have a de facto relationship? If YES provide details of your spouse or de facto:</b> |  |                                  |  | Yes <input type="checkbox"/>      |  | No <input type="checkbox"/> |  |
|    | Please tick   |  | Married <input type="checkbox"/> |  | De facto <input type="checkbox"/> |  |                             |  |
|    | Full name   |  |                                  |  |                                   |  |                             |  |
|    | Other names (eg. Maiden)  |  |                                  |  |                                   |  |                             |  |
|    | Date of birth   |  |                                  |  |                                   |  |                             |  |
|    | Place of birth (Town and State)   |  |                                  |  |                                   |  |                             |  |
|    | Home Address  |  |                                  |  |                                   |  |                             |  |
|    | Employer  |  |                                  |  |                                   |  |                             |  |
|    | Occupation  |  |                                  |  |                                   |  |                             |  |

|    |  |  |  |  |                              |  |                             |  |
|----|--|--|--|--|------------------------------|--|-----------------------------|--|
| 12 | <b>Have you been employed in the gaming industry? (ie casino, keno / gaming machine venue or gaming regulatory authority) If YES complete below:</b> |  |  |  | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |  |
|    | Licence Type and Number  |  |  |  |                              |  |                             |  |
|    | Place of Issue   |  |  |  |                              |  |                             |  |
|    | Name of Control Authority  |  |  |  |                              |  |                             |  |

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Signature of applicant

|    |                                    |  |                              |                             |
|----|------------------------------------|--|------------------------------|-----------------------------|
| 13 | <b>Are you currently employed?</b> |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | Your current occupation?           |  |                              |                             |
|    | Present Employer                   |  |                              |                             |
|    | Address                            |  |                              |                             |
|    | Month & Year from                  |  |                              |                             |

|                    |  |                    |      |  |    |
|--------------------|--|--------------------|------|--|----|
| 14                 | <b>Please outline your employment history (if applicable) for last five (5) yrs.</b> |                    |      |  |    |
|                    | A  | <b>Employer</b>    |      |  |    |
|                    |  | Address            |      |  |    |
|                    |  | Month & Year       | From |  | To |
|                    |  | Reason for Leaving |      |  |    |
|                    | B  | <b>Employer</b>    |      |  |    |
|                    |  | Address            |      |  |    |
|                    |  | Month & Year       | From |  | To |
|                    |  | Reason for Leaving |      |  |    |
|                    | C  | <b>Employer</b>    |      |  |    |
|                    |  | Address            |      |  |    |
|                    |  | Month & Year       | From |  | To |
|                    |  | Reason for Leaving |      |  |    |
|                    | D  | <b>Employer</b>    |      |  |    |
|                    |  | Address            |      |  |    |
|                    |  | Month & Year       | From |  | To |
| Reason for Leaving |  |                    |      |  |    |

|    |  |  |                              |                             |
|----|--|--|------------------------------|-----------------------------|
| 15 | <b>Do you hold a current driver's licence?</b> |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | <b>If YES complete below:</b>                  |  |                              |                             |
|    | Licence No                                     |  |                              |                             |
|    | Expiry date                                    |  |                              |                             |
|    | Place of Issue                                 |  |                              |                             |

|    |  |  |                              |                             |
|----|--|--|------------------------------|-----------------------------|
| 16 | <b>Do you hold a current Passport?</b> |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | <b>If YES complete below:</b>          |  |                              |                             |
|    | Passport Number                        |  |                              |                             |
|    | Country                                |  |                              |                             |
|    | Place of Issue                         |  |                              |                             |
|    | Date of Issue                          |  |                              |                             |
|    | Date of Expiration                     |  |                              |                             |

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Signature of applicant

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 17 | <b>Have you ever been convicted of an offence in Tasmania or elsewhere (whether as a juvenile or an adult)? If YES complete below:</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A  | Nature and date of offence   |                              |                             |
| B  | Nature and date of offence   |                              |                             |
| C  | Nature and date of offence   |                              |                             |
| D  | Nature and date of offence   |                              |                             |
| E  | Nature and date of offence   |                              |                             |

|    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 18 | <b>Are you aware of any charges or summons against you, which are before a court for any offence or violation? If YES complete below:</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A  | Nature and date of offence  |                              |                             |
| B  | Nature and date of offence  |                              |                             |

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 19 | <b>Have you had any charge (excluding minor traffic offences) proven against you without a conviction being recorded? If YES complete below:</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A  | Nature and date of offence   |                              |                             |
| B  | Nature and date of offence   |                              |                             |

**20 If you answer YES to any of the questions in section 20, please provide details on the attachment page.**

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| A  | Have you ever been refused a licence for employment in the casino/gaming industry, or been disciplined by a casino/gaming regulatory body?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B  | Have you ever been excluded from a casino or gaming machine venue either in Australia or overseas?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C  | Have you previously applied for employment with a Casino/Gaming Regulatory Authority, either in Australia or overseas?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D  | Have you at any time been engaged in bookmaking operations in any capacity or otherwise involved in the racing industry?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E  | Have you ever been granted a licence by the Government to supply liquor, operate a hotel, operate as a real estate agent, private enquiry agent or security officer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. | Have you ever been refused a licence by the Government to supply liquor, operate a hotel or had any such licence revoked?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

.....  
Signature of applicant

|    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| G. | Have you ever been denied a firearm licence?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. | Have you travelled out of Australia during the past three (3) years?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I. | Have you actively participated in the management of a corporation, partnership, joint venture or any business as a director, partner or other capacity during the past (10) years?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J. | Do you have any financial interest, whether directly or indirectly, with any individual or in any business, whether registered or not, in Australia or elsewhere?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K. | Have you ever been investigated or disciplined by a professional body for ethical misconduct or any other breach of regulation?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| L. | Have you ever been directly involved in the management of any company that has been placed in liquidation, receivership, a scheme of arrangement or formal administration (eg. agent for mortgagee appointed)?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| M. | To your knowledge have any of your business associates ever been convicted of a criminal offence, declared bankrupt or ever been the subject of an Australian Securities and Investments Commission or other Government regulatory inquiry? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| N. | Have you ever been dismissed, discharged or asked to resign from any employment?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| O. | Have you ever been disqualified from acting as a director of a company under the provisions of the Corporation Law?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| P. | Has your salary, wages, earnings or other income been subject to garnishee order, attachment or the like?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. | Have you ever had any article repossessed by a finance provider?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| R. | Are you currently in default in payment of any debt incurred solely or jointly in your name?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| S. | Is any person in respect of whom you have given a guarantee, in default of any such agreement (ie debt, loan facilities) or in circumstances where any such guarantee might be called upon?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| T. | To your knowledge have you ever been refused credit or been the subject of an adverse credit rating report?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| U. | Have you ever been a bankrupt or are you currently an undischarged bankrupt?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| V. | Have you ever been dismissed from any armed services?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**PLEASE ENSURE THAT YOU HAVE PROVIDED DETAILS TO ALL "YES" ANSWERS ON THE ATTACHMENT PAGE.**

.....  
Signature of applicant

|   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
| <b>21</b>   | <b>CONSENT TO FINGERPRINT</b>   |                              |                             |
| <b>A</b>  | <b>Have you previously been fingerprinted by or on behalf of the Tasmanian Gaming Commission?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>If you ticked "No" to 22A, please complete 22B</b> |   |                              |                             |
| <b>B</b>  | <b>I consent to being fingerprinted and palm printed for the Tasmanian Gaming Commission.</b>     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|           |   |             |  |
|-----------|---|-------------|--|
| <b>22</b> | <b>Nominate two persons, not related to you, who will supply character references for you. One referee is to be a previous employer, unless you have never worked before.</b> |             |  |
|           | Name  |             |  |
|           | Address   |             |  |
|           | Occupation  |             |  |
|           | Relationship with the referee (eg. Former employer etc.)  |             |  |
|           | Telephone ( )   | Years known |  |
|           | Name  |             |  |
|           | Address   |             |  |
|           | Occupation  |             |  |
|           | Relationship with the referee (eg. Former employer etc.)  |             |  |
|           | Telephone ( )   | Years known |  |

|           |  |  |
|-----------|--|--|
| <b>23</b> | <b>ASSOCIATES</b>  |  |
|           | <p>In making its decision, the Commission must also consider the suitability of associates of the applicant. An associate is any person (including, but not limited to, a spouse, other family member or friend) who has a financial interest in the affairs of the applicant, either by:</p> <ul style="list-style-type: none"> <li>• a financial interest in the assets and liabilities of the applicant; or</li> <li>• virtue of a shared bank or financial institution account with the applicant; or</li> <li>• both</li> </ul> |  |
|           | <b>Is there any person, not already identified in this application, who may be classified as an "associate"?<br/>If yes, provide details on the attachment page.</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

.....  
Signature of applicant

24

**FINANCIAL INFORMATION**

*(The Financial Information section of this proforma is not required to be completed by Associate applicants or applicants for- Statewide Keno Operative, Statewide Keno & Gaming Machine Operative, Casino Operative or Technician (B) licenses).*

|          |  |                              |                             |
|----------|--|------------------------------|-----------------------------|
| <b>A</b> | <b>Has your income tax return or assessment ever been adjusted within the past 10 years as a result of an Australian tax office audit?</b><br><b>If YES, provide details on the attachment page.</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------|--|------------------------------|-----------------------------|

|          |  |  |
|----------|--|--|
| <b>B</b> | <b>Date last income tax return filed</b> |  |
|          | <b>For the year?</b>                     |  |

|          |  |                              |                             |
|----------|--|------------------------------|-----------------------------|
| <b>C</b> | <b>Do you have any common financial interest in assets or liabilities with your spouse or defacto?</b><br><br><b>For example, a joint bank account or joint ownership of a property.</b><br><br><b>If YES, you will need to complete the Statement of Assets (D) Statement of Liabilities (E) on behalf of your Spouse / Defacto in addition to supplying your own personal financial information.</b><br><br><b>Before completing these statements complete schedules A to I. Total the amount in each schedule to assist you in completing statements of assets &amp; liabilities.</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------|--|------------------------------|-----------------------------|

.....  
Signature of applicant

**26D STATEMENT OF ASSETS as at the ..... 19 ...**

(List all assets on the appropriate line below. Enter the amount as of the date of this statement. Statement date to be as recent as possible and within the past 12 months). **Where required, please complete attached schedules providing full details of each listed Asset.**

|  |           | <b>Your Share</b> | <b>Spouse/Defacto</b> |
|--|-----------|-------------------|-----------------------|
| <b>ASSETS</b>  |           |                   |                       |
| Cash on hand   | \$        | _____             | _____                 |
| Cash at Financial Institutions<br>(Schedule A)       | \$        | _____             | _____                 |
| Accounts Receivable (Schedule B)                     | \$        | _____             | _____                 |
| Shares and Fixed Interest Securities<br>(Schedule C) | \$        | _____             | _____                 |
| Business Investments (Schedule D)                    | \$        | _____             | _____                 |
| Real Estate (Schedule E)                             | \$        | _____             | _____                 |
| Other Assets (Schedule F)                            | \$        | _____             | _____                 |
| <b>TOTAL ASSETS</b>                                  | <b>\$</b> | _____             | _____                 |

**26E STATEMENT OF LIABILITIES as at the ..... 19 ...**

(List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Statement date to be as recent as possible and within the past 12 months). **Where required, please complete attached schedules providing full details of each listed Liability.**

|  |           | <b>Your Share</b> | <b>Spouse/Defacto</b> |
|--|-----------|-------------------|-----------------------|
| <b>LIABILITIES</b>                       |           |                   |                       |
| Accounts Payable (credit cards etc)      | \$        | _____             | _____                 |
| Taxes Payable                            | \$        | _____             | _____                 |
| Unsecured Loans (Schedule G)             | \$        | _____             | _____                 |
| Secured Loans (Mortgage)<br>(Schedule H) | \$        | _____             | _____                 |
| <b>TOTAL LIABILITIES</b>                 | <b>\$</b> | _____             | _____                 |
| <b>NET WORTH</b>                         |           |                   |                       |
| (Total Assets minus Total Liabilities)   | \$        | _____             | _____                 |
| Contingent Liabilities* (Schedule I)     | \$        | _____             | _____                 |

**\*Potential debts that could be incurred eg. on default of a person for whom you have acted as loan guarantor.**

**All amounts stated for these two statements must be expressed in Australian Dollars.**

26F SOURCES OF FUNDS FOR PAST THREE (3) YEARS.

AUSTRALIAN TAX YEAR ENDED 30 JUNE.....

|                                 |    | <b>Individual</b> |
|---------------------------------|----|-------------------|
| Salary (Gross)                  | \$ | _____             |
| Interest                        | \$ | _____             |
| Dividends                       | \$ | _____             |
| Trust/Partnership Distributions | \$ | _____             |
| Other Income*                   | \$ | _____             |
| <b>TOTAL INCOME</b>             | \$ | _____             |
| <b>LESS DEDUCTIONS</b>          | \$ | _____             |
| <b>TAXABLE INCOME</b>           | \$ | _____             |

AUSTRALIAN TAX YEAR ENDED 30 JUNE.....

|                                 |    |       |
|---------------------------------|----|-------|
| Salary (Gross)                  | \$ | _____ |
| Interest                        | \$ | _____ |
| Dividends                       | \$ | _____ |
| Trust/Partnership Distributions | \$ | _____ |
| Other Income*                   | \$ | _____ |
| <b>TOTAL INCOME</b>             | \$ | _____ |
| <b>LESS DEDUCTIONS</b>          | \$ | _____ |
| <b>TAXABLE INCOME</b>           | \$ | _____ |

AUSTRALIAN TAX YEAR ENDED 30 JUNE.....

|                                 |    |       |
|---------------------------------|----|-------|
| Salary (Gross)                  | \$ | _____ |
| Interest                        | \$ | _____ |
| Dividends                       | \$ | _____ |
| Trust/Partnership Distributions | \$ | _____ |
| Other Income*                   | \$ | _____ |
| <b>TOTAL INCOME</b>             | \$ | _____ |
| <b>LESS DEDUCTIONS</b>          | \$ | _____ |
| <b>TAXABLE INCOME</b>           | \$ | _____ |

\* Details of any other income greater than 10% of total income are to provided on the attachment page.

**SCHEDULE "A"**  
**Cash at Financial Institutions**

List below all accounts, foreign and domestic, maintained by you or by you jointly with your spouse/defacto.

| Name and Address of Financial Institution | Name of Persons Appearing on Account | Account No | Type of Account | Balance   |
|---|--------------------------------------|------------|-----------------|-----------|
|   |                                      |            |                 |           |
|   |                                      |            |                 |           |
|   |                                      |            |                 |           |
|   |                                      |            |                 |           |
|   |                                      |            |                 |           |
| <b>Total Schedule A</b>                   |                                      |            |                 | <b>\$</b> |

**SCHEDULE "B"**  
**Accounts Receivable**

List below all monies owing to you or to you jointly with your spouse/defacto. Indicate by means of an asterisk (\*) in the first column, if the money is owed jointly to you or your spouse/defacto.

| Name and Address of Debtor | Date Incurred | Original Amount | Security | Payment Frequency | Maturity Date | Purpose of Loan | Unpaid balance |
|----------------------------|---------------|-----------------|----------|-------------------|---------------|-----------------|----------------|
|                            |               |                 |          |                   |               |                 |                |
|                            |               |                 |          |                   |               |                 |                |
|                            |               |                 |          |                   |               |                 |                |
|                            |               |                 |          |                   |               |                 |                |
|                            |               |                 |          |                   |               |                 |                |
| <b>Total Schedule B</b>    |               |                 |          |                   |               |                 | <b>\$</b>      |

## SCHEDULE "C"

### Shares, Fixed Interest Securities, Bonds

List below the information requested for all shares, fixed interest securities and bonds held or controlled by you or by you jointly with your spouse/defacto. Whenever interest exists through a trust/mutual fund or holding company, the shares held by such trust/mutual fund or holding company need not be listed. **INDICATE PUBLICLY TRADED SHARES AND BONDS BY AN ASTERISK (\*).** Indicate by means of a double asterisk (\*\*) next to the first column all stocks, fixed interest securities and bonds held by you jointly with your spouse/defacto.

| Issuer                  | Type | No of Shares or Units | Name in which held | Market value |
|-------------------------|------|-----------------------|--------------------|--------------|
|                         |      |                       |                    |              |
|                         |      |                       |                    |              |
|                         |      |                       |                    |              |
|                         |      |                       |                    |              |
|                         |      |                       |                    |              |
| <b>Total Schedule C</b> |      |                       |                    | <b>\$</b>    |

## SCHEDULE "D"

### Business Investments

List below any business investments in which you hold any direct or indirect interest or which you hold jointly with your spouse/defacto. (This should include but not be limited to joint ventures, partners, sole proprietorships and corporations.)

| Entity Name             | Type of Entity | No of Shares or Units | Percent of Ownership | Name in which held | Individuals or Entities Sharing Interest and their Percentage of Ownership | Market Value |
|-------------------------|----------------|-----------------------|----------------------|--------------------|--|--------------|
|                         |                |                       |                      |                    |  |              |
|                         |                |                       |                      |                    |  |              |
|                         |                |                       |                      |                    |  |              |
|                         |                |                       |                      |                    |  |              |
| <b>Total Schedule D</b> |                |                       |                      |                    |  | <b>\$</b>    |

## SCHEDULE "E"

### Real Estate

List below any real property in which you hold any direct or indirect interest or which you hold with your spouse/defacto.

| Address/Location        | Type<br>(eg. Vacant Land, House,<br>Unit etc.) | Purchase Price/<br>Improvements at Cost | Date of<br>Purchase | Other Owners | Your Share % | Income earned by property | Market<br>Price |
|-------------------------|--|---|---------------------|--------------|--------------|---------------------------|-----------------|
|                         |  |   |                     |              |              |                           |                 |
|                         |  |   |                     |              |              |                           |                 |
|                         |  |   |                     |              |              |                           |                 |
|                         |  |   |                     |              |              |                           |                 |
| <b>Total Schedule E</b> |  |   |                     |              |              |                           | <b>\$</b>       |

## SCHEDULE "F"

### Other Assets

List below the information requested for all other assets held by you or you jointly with your spouse/defacto. Indicate by means of an asterisk (\*) in the first column those assets held by you jointly with your spouse/defacto (i.e. automobiles, personal property, cash surrender value of life insurance policies, superannuation, etc.)

| Type of Asset           | Other Information | Market<br>Value |
|-------------------------|-------------------|-----------------|
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
| <b>Total Schedule F</b> |                   | <b>\$</b>       |

# SCHEDULE "G"

## Unsecured Loans

List below the information requested for all unsecured loans payable for which you and/or your spouse/defacto are obligated. Indicate by means of an asterisk (\*) in the first column those unsecured loans where you share the responsibility jointly with your spouse/defacto.

| Name and address of person you owe money to. | Date Incurred | Original Amount | Purpose of Loan | Payment Frequency | Interest Rate | Maturity Date | Amount Owing |
|--|---------------|-----------------|-----------------|-------------------|---------------|---------------|--------------|
|  |               |                 |                 |                   |               |               |              |
|  |               |                 |                 |                   |               |               |              |
|  |               |                 |                 |                   |               |               |              |
|  |               |                 |                 |                   |               |               |              |
|  |               |                 |                 |                   |               |               |              |
|  |               |                 |                 |                   |               |               |              |
| <b>Total Schedule G</b>                      |               |                 |                 |                   |               |               | <b>\$</b>    |

# SCHEDULE "H"

## Secured Loans

List below the information requested for all secured loans taken out by you or you jointly with your spouse/defacto. Indicate by means of an asterisk (\*) in the first column those secured loans taken out by you and your spouse/defacto jointly.

| Name and Address of Creditor | Date Incurred | Original Amount | Description of Security | Payment Frequency | Interest Rate | Unpaid Balance |
|------------------------------|---------------|-----------------|-------------------------|-------------------|---------------|----------------|
|                              |               |                 |                         |                   |               |                |
|                              |               |                 |                         |                   |               |                |
|                              |               |                 |                         |                   |               |                |
|                              |               |                 |                         |                   |               |                |
|                              |               |                 |                         |                   |               |                |
| <b>Total Schedule H</b>      |               |                 |                         |                   |               | <b>\$</b>      |

## SCHEDULE "I"

### Contingent Liabilities

List below the information requested for all contingent liabilities for which you or you and your spouse/defacto jointly may be responsible. Indicate by means of an asterisk (\*) in the first column those contingent liabilities for which you and your spouse/defacto jointly may be responsible.

| Name and Address of Creditor | Date Incurred | Original Amount | Payment Frequency | Interest Rate | Maturity Date | Purpose | Security | Persons Liable Beside You | Unpaid Balance |
|------------------------------|---------------|-----------------|-------------------|---------------|---------------|---------|----------|---------------------------|----------------|
|                              |               |                 |                   |               |               |         |          |                           |                |
|                              |               |                 |                   |               |               |         |          |                           |                |
|                              |               |                 |                   |               |               |         |          |                           |                |
|                              |               |                 |                   |               |               |         |          |                           |                |
|                              |               |                 |                   |               |               |         |          |                           |                |
|                              |               |                 |                   |               |               |         |          |                           |                |
|                              |               |                 |                   |               |               |         |          |                           |                |
| <b>Total Schedule I</b>      |               |                 |                   |               |               |         |          |                           | <b>\$</b>      |



# STATUTORY DECLARATION

Verifying an individual proforma used in conjunction with an application for the following:

- Special Employee Licence;
- Technician Licence;
- Licensed Premises Gaming Licence; or
- Listing on the Roll of Recognised Manufacturers and Suppliers of Gaming Equipment.

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 and accompanying application are true and correct in every detail and fully disclose the information required to complete this proforma and application.

AND I MAKE THIS SOLEMN declaration by virtue of Section 132 of the Evidence Act 1910.

.....

(Signature of Applicant)

DECLARED at 3 )

in the State of .....)

this day of 19 .

on

before me

.....

(Name and Occupation of Witness)

## NOTES

- 1 Full name of applicant
- 2 Address of Applicant
- 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                         |    |  |
| 9  | A legally qualified medical practitioner                  |    |  |
| 10 | A dentist   |    |  |





# CREDIT CARD AUTHORITY

**This authority must only be completed where you wish to pay your application fee with a credit card.**

|                    |
|--------------------|
| Name of applicant: |
| Venue/premises:    |

| <b>Gaming Licence Categories</b>                             | <b>Application Fee</b> | <b>Renewal Fee</b> |
|--|------------------------|--------------------|
| Licensed Premises Gaming Operative                           | <b>\$133.20</b>        | <b>\$99.90</b>     |
| Casino Operative   | <b>\$133.20</b>        | <b>\$99.90</b>     |
| Statewide Gaming Operative (Network Gaming Staff Only)       | <b>\$133.20</b>        | <b>\$99.90</b>     |
| Upgrade to another Licence when previously fingerprinted     | <b>\$66.60</b>         | <b>N/A</b>         |
| Upgrade to another Licence when not previously fingerprinted | <b>\$99.90</b>         | <b>N/A</b>         |
| Casino Management  | <b>\$277.50</b>        | <b>\$122.10</b>    |
| Casino Security  | <b>\$277.50</b>        | <b>\$122.10</b>    |
| Statewide Gaming Management (Network Gaming Staff Only)      | <b>\$277.50</b>        | <b>\$122.10</b>    |
| Tasmanian Gaming Licence Operative                           | <b>\$133.20</b>        | <b>\$99.90</b>     |
| Tasmanian Gaming Licence Management                          | <b>\$277.50</b>        | <b>\$122.10</b>    |
| Technician (Category A)                                      | <b>\$277.50</b>        | <b>\$122.10</b>    |
| Technician (Category B)                                      | <b>\$133.20</b>        | <b>\$99.90</b>     |
| Associate Fee  | <b>\$55.50</b>         | <b>\$88.80</b>     |

|  |
|--|
| <p>Name on credit card:</p> <p>.....</p> <p>Bankcard <input type="checkbox"/>      MasterCard <input type="checkbox"/>      Visa <input type="checkbox"/></p> <p>Credit Card No _____/_____/_____/_____      Expiry Date ____/____</p> <p>Signature of credit card holder.....</p> |
|--|

|                            |    |
|----------------------------|----|
| Total amount to be debited | \$ |
|----------------------------|----|

(office use only)

|                       |  |
|-----------------------|--|
| <b>Fee \$</b>         |  |
| <b>Account Number</b> |  |
| <b>Code</b>           |  |