

**TASMANIAN GAMING COMMISSION
GAMING CONTROL ACT 1993**



CONFIDENTIAL

**COMPANY HISTORY
FORM**

This Form is to be completed as part of an application for a

TASMANIAN GAMING LICENCE

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

Tasmanian Gaming Commission
GPO Box 1374
Hobart Tas Australia 7001
Telephone: (03) 6233 2475 Fax: (03) 6233 2886

COMPANY HISTORY FORM
INSTRUCTIONS FOR COMPLETING THE FORM

BACKGROUND

A company applying for a Tasmanian Gaming Licence, under Part 4A of the *Gaming Control Act 1993*, must complete and submit a *Company History Form* with the Application Form. In addition, a *Personal Application Form* must be completed by each person who is an associate of the applicant company. These Forms make up part of the Application.

An associate is a person who holds a relevant position in the company, such as director, secretary or manager. This applies to the applicant company, the parent company and any associated companies. An associate is also one who holds a share of 5% or more in the capital of the applicant company; or is entitled to receive any income derived from the business of the applicant company. The *Gaming Control Act 1993* offers a comprehensive definition of the term 'associate'.

All completed Application Forms and requisite documents are to be submitted to the Tasmanian Gaming Commission together with the application fee of 30 000 fee units.

If more information is required about the process of applying for a Tasmanian Gaming Licence, please refer to the booklet, *Applying for a Tasmanian Gaming Licence*.

Copies of the *Gaming Control Act 1993* can be obtained from the Printing Authority of Tasmania, GPO Box 307 Hobart 7001, or can be accessed on the Internet at the following address: www.thelaw.tas.gov.au.

For further assistance, or for additional copies of the Forms, please contact the Liquor and Gaming Branch:

Telephone: 61 3 6233 2475
Fax: 61 3 6233 2886
Email: gaming@treasury.tas.gov.au

SUBMITTING THE APPLICATION

Applicants for a Tasmanian Gaming Licence are asked to submit the completed Forms and requisite documents, along with the Application Form and fee, in an envelope marked:

STRICTLY CONFIDENTIAL APPLICATION FOR TASMANIAN GAMING LICENCE:		
The application should be addressed as follows:		
If sent by post: Tasmanian Gaming Commission GPO Box 1374 Hobart 7001	or	If hand delivered: Tasmanian Gaming Commission 2 nd Floor 80 Elizabeth Street Hobart 7000

An application and its contents are treated as confidential.

DOCUMENTS TO BE INCLUDED WITH THE COMPANY HISTORY FORM

Please submit:

- Copies of the memorandum and articles of association, constitution or other incorporating documents in force at this time. If the Company has adopted the replaceable rules under the Corporations Law, a statement to this effect will suffice.
- A copy of the Certificate of Registration from the Australian Securities and Investments Commission.
- A copy of the Certificate of Registration for the business name under which the company conducts its operations.
- A corporate family tree showing how the company relates to Subsidiary, Holding and related entities.
- Provide details of all Holding, Subsidiary and related Companies as defined pursuant to the Corporation Law including details as to the nature of the business conducted by such companies. On an attachment page, identify the companies listed that own or control in excess of 5 per cent of issued shares or voting rights.
- If the company has appointed an auditor, a copy of the most recent auditor's report on the financial affairs of the company.
- Financial statements of the company, consisting of a balance sheet, profit and loss statement and explanatory notes for the past three financial years.
- A copy of the annual Company return to the Australian Securities and Investments Commission, or equivalent overseas government body, for the past five years.
- A copy of the audited and/or published financial statements of any holding company for the past five years.
- A list of the details of all bank accounts (name branch and account number) operated by the Company.
- A list of the investments of the Company which includes all relevant details.

DIRECTIONS FOR COMPLETING THE *COMPANY HISTORY FORM*.

Before completing this *Company History Form*, please read the following directions carefully.

1. The *Company History Form* must be completed by:
 - the Chief Executive Officer; or
 - if the Chief Executive Officer does not have knowledge of the relevant facts, another person who has the knowledge (such as a Director or the Company Secretary) and who has been authorised by the applicant to complete the Form.
2. Every question must be answered.
3. Answers must be typed or printed.
4. If a question does not apply to you state 'N/A' in response to that question.
5. If there is nothing to disclose in reply to a particular question state 'NIL' in response to that question.
6. If the space available is insufficient please supply the required information on an attachment page. A sample attachment page is included in this document.
7. When requested to use an attachment page, each answer must be preceded by the number applicable to that question.
8. All dates should be completed in the form: Day/Month/Year.
9. Each completed page of this Form, and each attached page, must be signed by the person completing the Form in the space provided at the bottom of each page.
10. All amounts are to be recorded in Australian dollars. Conversion from foreign currency should be made using the current exchange rate.
11. The Form is to be completed in the English language. Any documents required to be forwarded with the Form that are not in English are to have a certified English translation appended.
12. Complete and sign the Statutory Declaration, in the presence of a witness.
13. Complete and sign the Authority and Consent Form.

Note that failure either to fully disclose all relevant information or to provide complete records as required may be sufficient reason for the application for a Tasmanian Gaming Licence to be refused.

THE HISTORY OF THE COMPANY

1. THE COMPANY

- a) The Name of the Company:

- b) Date of incorporation: c) Place of incorporation:
- d) Australian Company Number (ACN)
or Australian Business Number (ABN)
(or equivalent - please specify):
- e) Registered Office of Company:

- f) Address of Business Premises:

- g) Postal address of company:

- h) Addresses
Working backwards from the current address, list all addresses at which the company has been registered or has conducted business over the last 5 years. If insufficient space, please use an attachment.

- i) History of the Company
Please outline a brief history of the company, including details of its activities.

2. PERSONNEL

2.1. The Contact Person:

This is the person who is to receive any correspondence from the Commission.

- a) Title: Mr Mrs Miss Ms Dr other (please specify)
- b) Full Name:
- c) Position Title:
- d) Postal Address:

- e) Phone number:
(business hours)
- f) Fax Number:
- g) email address:

The Company Auditors:

2.2

Please list the names and addresses of the Company auditors for the past five years

- a) Full Name.....
Business Address.....
.....
.....
- b) Full Name.....
Business Address.....
.....
.....
- c) Full Name.....
Business Address.....
.....
.....

2.3

Legal Advisors and Consultants:

List the names and addresses of any legal advisors, solicitors, and/or consultants engaged over the past five years

- a) Full Name.....
Business Address.....
.....
Position
- b) Full Name.....
Business Address.....
.....
Position.....
- c) Full Name.....
Business Address.....
.....
Position.....

2.4

Associates

(An associate is a person who holds one or more of the positions of director, secretary, manager or other executive position in the applicant company, the parent company or the holding company; or holds a share of 5% or more in the capital of the applicant company; or is entitled to receive any income derived from the business of the applicant company.)

Note: Each person named here must complete a 'Personal Application Form'.

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

Full Name.....
Residential Address.....
Date of birthPlace of Birth
Position.....

Full Name.....
Residential Address.....
Date of birthPlace of Birth
Position.....

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

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

2.5 Shareholdings

Show here the total number of shares issued to all shareholders.

List the names of the 10 major shareholders and specify the number of shares held by each:

Shareholder	No. of shares held

2.6 Directors who have ceased to hold office during the past five years

On an attachment page, please provide a list of the names and addresses for all Directors who have ceased to hold office during the past five years.

3. FINANCIAL HISTORY

If you answer YES to any of these questions, please provide details on an attachment page.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Has there been any substantial change to the financial situation of the company since the last financial accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has the company ever been subject to an adverse credit rating? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has the company acted as guarantor for any person or entity which is currently in default of that financial agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Has the company ever been placed in external administration (that is liquidation, receivership, administration or scheme of arrangement)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Does the company 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"/> |
| f) Has the company ever been insolvent? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Does the company have any current loans or has it obtained funds from any persons, companies or institutions? Please provide full details. | <input type="checkbox"/> | <input type="checkbox"/> |

4. GAMING

If you answer YES to any of these questions, please provide details on an attachment page.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Does the company hold a licence in the casino/gaming industry, either in Australia or overseas?

(If YES, please include Licence Type and Number, Jurisdiction and name of the Control Authority on an attachment page.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has the company applied for a licence in the casino/gaming industry either in another Australian State or overseas?

(If YES, please include Licence Type and Number, Jurisdiction and name of the Control Authority on an attachment page.) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has the company ever been granted a licence to conduct bookmaking activities?

(If yes, please include Licence Type and Number, Jurisdiction and name of the Control Authority on an attachment page.) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Has the company ever been refused a licence to conduct bookmaking activities or had any such licence revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Has the company ever been refused a licence to conduct casino/gaming activities or had any such licence revoked? | <input type="checkbox"/> | <input type="checkbox"/> |

5. BUSINESS AFFILIATIONS

Yes No

If you answer YES to any of these questions, please provide details on an attachment page.

- | | | | |
|----|---|--------------------------|--------------------------|
| a) | Does the company have any other company, or person, acting on its behalf in Australia or overseas? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Does the company have any other agency or branch in Australia or overseas? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | Has the company ever changed its name? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) | Does the company have, or does it use, or has it previously used, any other business name? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) | Has the company or any director or office bearer of the company been associated with the ownership, administration or management of: | <input type="checkbox"/> | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> • a casino; • keno or lottery operations; • interactive gaming; • race wagering or sports betting operations; • club, hotel or tavern; • any other gaming or wagering activity (please specify); or • a manufacturer or supplier of gaming equipment? | | |

If yes, please provide details on an attachment page.

- | | | | |
|----|---|--------------------------|--------------------------|
| f) | Does the company have any interest, financial or otherwise, in any other company or with any person or business, or has the company ever provided financial assistance or other support to any other company, person, business, association or other body involved with the ownership, administration or management of: | <input type="checkbox"/> | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> • a casino; • keno or lottery operations; • interactive gaming; • race wagering or sports betting operations; • club, hotel or tavern; • any other gaming or wagering activity (please specify); or • a manufacturer or supplier of gaming equipment? | | |

If yes, please provide details on an attachment page.

6. LITIGATION

Yes No

If you answer YES to any of these questions, please provide details on an attachment page.

- a) Has the company ever been convicted of an offence?
- b) Are you aware of any current charges or summons against the company, which are before a Court for any offence or violation?

If YES give details of nature of offence, court date of appearance.

- c) 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)?
- d) Has the company ever been under investigation by the Australian Securities and Investments Commission or any other Government authority to your knowledge?
- e) Has the company ever been associated with a company that is currently, or has been, under investigation by the Australian Securities and Investments Commission or any other Government authority to your knowledge?
- f) Is the company the subject of any civil litigation?

STATUTORY DECLARATION VERIFYING COMPANY HISTORY FORM

I 1

of,2

DO SOLEMNLY AND SINCERELY DECLARE:

- (a) That I have personal knowledge of the history, financial and business affairs of the Applicant;
- (b) I have personally completed all the information required in this Form; and
- (c) I certify that the particulars contained in the completed Form are true and correct in every detail and fully disclose the information required to complete pursuant to the Form.

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

.....
(Signature of Applicant)

DECLARED at 3)

in the State of

this day of 20

on

before me

.....
(Name and Occupation of Witness)

.....
(Signature of witness)

NOTES

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

CATEGORIES 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 | | |

