

ASSOCIATE COMPANY APPLICATION FORM

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

Please note that failure to disclose all relevant information, or to provide complete records, may be sufficient reason for the Commission to reject a licence or permit application.

LIQUOR AND GAMING CONTACT DETAILS

Salamanca Building Parliament Square
4 Salamanca Place HOBART TAS 7000
Telephone: (03) 6166 4040 Facsimile: (03) 6173 0218

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June 2016
Trim Ref: 09/65364

BACKGROUND

An associate company of an applicant for a licence or permit, must complete and submit this Associate Company Application Form. This form makes 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 per cent 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'.

SECTION A – APPLICANT DETAIL

- 1. **Name of company:**
- 2. **Date of incorporation:** **Place of incorporation:**
- 3. **Registered Number of applicant - ACN/ABN (please specify):**
.....
- 4. **Registered Office of Company:**
.....
- 5. **Postal Address of Company:**
.....
- 6. **Address of Business Premises:**
.....

Working backwards from the current address, list all addresses at which the company has been registered or has conducted business over the last five years. Please use an attachment.

- 7. **Business Phone:** **Mobile:**
- Fax:** **email:**

8. Contact Person (This is the person who is to receive any correspondence):

Name (Mr / Mrs / Miss / Ms / Dr):

Business Phone: **Mobile:**

Fax: **email:**

9. Requested documents, please submit with application:

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

14. Directors who have ceased to hold office during the past five years – provide a list of the names and addresses for all Directors who have ceased to hold office during the past five years.

SECTION B – 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 details.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C – 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (If YES, please include Licence Type and Number, Jurisdiction and name of the Control Authority on an attachment page.) | | |
| 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"/> |

SECTION D – BUSINESS AFFILIATIONS

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

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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: <ul style="list-style-type: none"> • a casino; • keno or lottery operations; • interactive gaming; • race wagering or sports betting operations; • a club, hotel or tavern; • any other gaming or wagering activity (please specify); or • a manufacturer or supplier of gaming equipment? <i>If YES, please provide details on an attachment page.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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, | <input type="checkbox"/> | <input type="checkbox"/> |

administration or management of:

- a casino;
- keno or lottery operations;
- interactive gaming;
- race wagering or sports betting operations;
- a 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.

SECTION E – LITIGATION

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

YES NO

- | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A) | Has the company 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, which are before a Court for any offence or violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>If YES give details of nature of offence, court date of appearance.</i> | | |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D) | Has the company 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"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| F) | Is the company the subject of any civil litigation? | <input type="checkbox"/> | <input type="checkbox"/> |

STATUTORY DECLARATION

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 (4)

this day of 20

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
- 2 A Justice of the peace or bail justice
- 3 A notary public
- 4 A barrister and solicitor of the Supreme Court
- 5 A clerk to a barrister and solicitor of the Supreme Court
- 6 A member of the police force
- 7 A councillor of a municipality
- 8 A town clerk or municipal manager
- 9 A legally qualified medical practitioner
- 10 A dentist

- 11 A veterinary surgeon
- 12 A pharmacist
- 13 A principal in the teaching service
- 14 The manager of a bank
- 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
- 16 A minister of religion authorised to celebrate marriages
- 17 A person who holds a prescribed office in the public service.

AUTHORITY AND CONSENT

To:

All courts, Government Departments, employers, educational institutions, banks, financial and other institutions, all agencies - Federal (including the Australian Tax Office), 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: Email

hereby authorise and consent to the Tasmanian Liquor and 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;
- e) any information; and
- f) 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.

Signed on behalf of and with the authority of the Company in the presence of:

Director:
(Name) (Signature)

Secretary:
(Name) (Signature)

Date: / / 20

