PERSONAL PARTICULARS

Betting Control Act 1954

1. **Personal Particulars of Person to be Approved**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Previous Names (if any): |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: |  / / |

|  |  |
| --- | --- |
| Motor Vehicle Driver’s Licence: Place of Birth (Town/City/Country): |  State: Expiry Date: / / |

|  |  |  |
| --- | --- | --- |
| Have you resided outside of Western Australia for the past 5 years?(If yes, please provide details below or attach a separate sheet if insufficient space) | **YES** | **NO** |

|  |  |
| --- | --- |
| **Residential Address** | **Period** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name of (proposed) Bookmaker: |  |

|  |  |
| --- | --- |
| What is Your Relationship with the Bookmaker (please tick (✓) appropriate selection): |  |
|  Sole Trader |  Director of a body corporate |
|  Member of a Partnership |  Shareholder of a body corporate |
|  Bookmaker’s Manager |  Office bearer/holder of a position of authority in a body corporate |
|  |   Title/Position: |  |

1. **Record of Offences**

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offence? (If yes, please provide details below or attach a separate sheet if insufficient space) | **YES** | **NO** |

NOTE: This includes any matter that has been determined by a Court. It does not include infringement notices.

|  |  |  |  |
| --- | --- | --- | --- |
| **Offence** | **Date** | **Place** | **Sentence/Penalty** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(Section 2 continued)**

|  |  |  |
| --- | --- | --- |
| Have you been a director or shareholder of a company that has been convicted of an offence under any legislation in Australia? | **YES** | **NO** |

(If yes, please provide details below or attach a separate sheet if insufficient space)

As Director

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Offence** | **Date** | **Place** | **Sentence/Penalty** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

As Shareholder

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Offence** | **Date** | **Place** | **Sentence/Penalty** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Bookmaking Experience**

|  |  |  |
| --- | --- | --- |
| Are you the person nominated as having knowledge of bookmaking activities and relevant obligations required under the Act? | **YES** | **NO** |

|  |  |  |
| --- | --- | --- |
| Have you ever held a licence under the *Betting Control Act 1954* or any similar act in another State? | **YES** | **NO** |

(If yes, please provide details below or attach a separate sheet if insufficient space)

|  |  |  |
| --- | --- | --- |
| **Licence Type and Number** | **Place** | **Period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you (or have you been) a partner, shareholder, director or been in a position of authority of a company that holds/held a bookmaker’s licence in Western Australia? | YES | **NO** |
|  |  |

(If yes, please provide details below or attach a separate sheet if insufficient space)

|  |  |  |
| --- | --- | --- |
| **Partnership / Company** | **Bookmaker Licence Number** | **Period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Employment Details**

Present Employer

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Position** | **Period** |
|  |  |  |  |

Previous Employers Over Past Ten Years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **State/Country** | **Position Held** | **Period** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Financial Background**

|  |  |  |
| --- | --- | --- |
| Have you assigned your estate or are you/have been declared bankrupt? (If yes, please provide details below or attach a separate sheet if insufficient space) | YES | **NO** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Creditor** | **Amount** | **Circumstances** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Please provide evidence if the matter has been discharged)

|  |  |  |
| --- | --- | --- |
| Are you or have you been a director or shareholder of a company placed under receivership, official management or in liquidation?(If yes, please provide details below or attach a separate sheet if insufficient space) | YES | **NO** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **Company** | **Circumstances** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Are any proceedings pending against you in any capacity?(If yes, please provide details below or attach a separate sheet if insufficient space) | YES | **NO** |

|  |
| --- |
| **Details** |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Are you or have you ever been declared not credit worthy?(If yes, please provide details below or attach a separate sheet if insufficient space) | YES | **NO** |

|  |  |  |
| --- | --- | --- |
| **Date** | **Place** | **Circumstances** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Have you ever been a director or shareholder of a company declared not credit worthy? | YES | **NO** |

(If yes, please provide details below or attach a separate sheet if insufficient space)

|  |  |  |
| --- | --- | --- |
| **Date** | **Company** | Circumstances |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Statement of Assets and Liabilities**

If you are completing this section as a member (natural person) of a partnership, please include and identify your portion of any assets or liabilities of the partnership. If the member of the partnership is a body corporate, a certified copy of a statement of assets and liabilities of the body corporate (not more than one month old) is required.

# ASSETS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Property** |  |  |  |  |
| Situated At | Names of Proprietors |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | Total | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **2. Cash in Hand** | (State purposes held if more than $500) |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **3. Cheque Accounts** |  |  |  |  |  |
|  |  |  |  |  |  |
| Bank | Branch | Account No | Account Name |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  | Total | **$** |  |
|  |  |  |  |  |  |
| **4. Savings Accounts** |  |  |  |  |  |
|  |  |  |  |  |  |
| Bank | Branch | Account No | Account Name |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  | Total | **$** |  |
|  |  |  |  |  |  |
| **5. Term Deposits** |  |  |  |  |  |
|  |  |  |  |  |  |
| Bank | Branch | Account No | Account Name |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |
|  |  | Total | **$** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6. Other Assets** (provide details) |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |
|  |  |  | Total  | **$** |  |
|  |  |  |  |  |  |
|  |  |  | **(A) TOTAL ASSETS** (Items 1 – 6) | **$** |  |
| **LIABILITIES** |  |  |  |  |  |
|  |  |  |  |  |  |
| Owing on Property |  |  |  | **$** |  |
|  |  |  |  |  |  |
| Bank Overdraft |  |  |  | **$** |  |
|  |  |  |  |  |  |
| Hire Purchase |  |  |  | **$** |  |
|  |  |  |  |  |  |
| Private Loans |  |  |  | **$** |  |
|  |  |  |  |  |  |
| **Other Liabilities** (please list) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  |  | **$** |  |
|  |  |  |  |  |  |
|  |  |  | **(B) TOTAL LIABILITIES** | **$** |  |
|  |  |  |  |  |  |
|  | **EXCESS OF ASSETS OVER LIABILITIES (A-B)** | **$** |  |

**PLEASE HAVE YOUR ACCOUNTANT COMPLETE THE FOLLOWING**

|  |  |  |  |
| --- | --- | --- | --- |
| **I** |  | **of** |  |
|  | (Name of Accountant) |  | (Company Name and Address) |
|  |  |  |  |
|  |  |
| **attest that the information provided in section six of this application is true and correct and I am a member of Chartered Accountants Australia and New Zealand.** |
|  |
| **Signature of Accountant:**  |  | **Date:** |  |
|  |
|  |
|  |
|  |

1. **Referees**

PLEASE PROVIDE DETAILS OF TWO PEOPLE PREPARED TO ACT AS REFEREE

(NOT TO BE RELATED IN KIN)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Occupation** | **Daytime Telephone No.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Authority/Declaration**

I declare that all the information provided in this form, and in any supporting documentation, is true and correct and authorise the Gaming and Wagering Commission to make such enquiries, as the Commission considers necessary. I understand that the provision of false and misleading information will constitute a breach of the *Betting Control Act 1954*.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of Person to be Approved |  | Daytime Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |  / / |  |
| Signature of Person to be Approved |  |  | Date |  |