NSW GOVERNMENT

Individual probity form

Liquor & Gaming NSW

Before you complete this form

What this form is for

The completed form will be used by Liquor & Gaming NSW (L&GNSW) to assess the suitability of an individual to be concerned in or associated with the management and operation of a casino licence, gaming-related licence, wagering licence or Public Lottery licence.

How this application will be processed

On receipt of all the necessary information, L&GNSW will undertake a probity assessment.

You may be required to be interviewed by L&GNSW inspectors or the NSW Police Force on one or more occasions. If required, the place and form of the interview will be advised and at the discretion of L&GNSW or the NSW Police Force. All persons to be interviewed are required to bear their own cost of travel and accommodation.

Warning about false or misleading information or incomplete disclosure

Every part of this form must be completed. The information you provide will be checked by various agencies. If you fail to fully disclose relevant matters, your application may be refused.

Providing false or misleading material, information or documents to L&GNSW or any of its inspectors is a criminal offence. Your application may be refused, and you may be prosecuted or fined, or both.

If the information you provide changes before the process is finalised, you must immediately give L&GNSW notice in writing specifying the details of the change.

How to complete this form

- 1. Type or print in BLOCK LETTERS an answer to every question.
- 2. If an electronic version of this form is being completed, information supplied in response to a question may be inserted but no question, or the order of questions, is to be altered.
- 3. If a question does not apply or there is nothing to disclose state "Nil".
- 4. If there is insufficient space to answer a question, additional information may be provided on an attachment page. When required to use an attachment page precede each answer with the title applicable to that question and PRINT your name on the page.
- 5. All dates should be completed in the form: Day / Month / Year.
- 6. This form is to be completed in the English language. Any documents which are required to be provided and which are in a language other than English, are to have a certified English translation appended.
- Documents or other information sought from authorities in Australia
 may not be applicable to an individual currently or previously residing in
 another country. In such cases the documents or information should be
 obtained from the equivalent authority of that country.
- 8. Note that in this form a reference to a person includes reference to a corporation.
- 9. Persons completing this form should be aware that probity assessments will not be commenced until required information is provided. In addition, a probity assessment may be halted where additional information sought is not provided in a timely manner.

To lodge this form or for further information

@ gaming.probity

<u>@liquorandgaming.nsw.gov.au</u>
For probity matters relating to gaming, wagering, or public lotteries

casino.probity

@liquorandgaming.nsw.gov.au
For probity matters relating to casino.

Please provide all pages of this application and supporting documents.

Need more information?

(iquorandgaming.nsw.gov.au

Your privacy

We will handle your personal information in accordance with the Privacy and Personal Information Protection Act 1998. It is being collected by Liquor & Gaming NSW and will be used for the purpose of processing your application and may be disclosed to other Government agencies for this purpose. General information about your application may be published on an electronic noticeboard and information about the application, if granted, on a public register. Providing this information is voluntary, but where relevant information is not provided this may lead to your application being refused, delayed or not further considered. You have the right to request access to, and correct details of, your personal information held by us. You can access further information on privacy at liquorandgaming.nsw.gov.au

Before you complete this form continued

Pre-lodgement checklist		
Before submitting this form please complete the following checklist		
I have answered all questions in writing;		
I have answered all questions completely (including 'Nil' if nothing to disclose);		
I have completed and signed the Authority for Release of Information (page) and the Declaration (page)		
I have attached the following:		
proof of identity;		
copy of certificate of citizenship/naturalisation (if applicable);		
copies of last three tax returns and assessment notices;		
copy of tertiary qualifications (if applicable);		
copy of armed forces discharge papers (if applicable);		
copy of evidence of membership of any professional body;		
National Police Certificate (or overseas Police Report or Clearance)		
Copy of credit report		
summary of work and business history;		
copy of resume or curriculum vitae		
Copies of trust financial statements (if applicable).		

Certified documents

The certified copy must include the statement "I certify that this is a true copy of the original document". The certifier must also include their full name, signature, date, registration number (if any) and qualification or occupation which makes them eligible to certify documents, on each of the photocopied identification documents.

Copies of all documents must be certified copies.

A document can be certified by:

- An accountant (member of a recognised professional accounting body or a Registered Tax Agent).
- ▲ A person listed on the roll of the Supreme Court of a State or Territory or the High Court of Australia as a legal practitioner.
- ▲ A barrister, solicitor or patent attorney.
- ▲ A police officer.
- A postal manager.
- A principal of an Australian secondary college, high school or primary school.
- A medical practitioner.
- ▲ A Justice of the Peace (with a registration number in the State in which they are registered).
- ▲ A minister of religion (registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*).

NSW GOVERNMENT

Individual probity form

Liquor & Gaming NSW

OFFICE USE ONLY	FM2001	Photograph attached and this certificate signed at
Зу	☐ eMail	Address
	DD / MM / YYYY	
ate lodged		
nalised by		Signature
e finalised	DD/MM/YYYY	
rtification		Date
olicant		DD / MM / YYYY
name of person		Authorised witness
y declare as unde	or:	Name of witness
-	tified in this document.	
ave personally cor	npleted this form or have supplied dicated herein and have confirmed	Address
rtify that the parti	culars contained herein and all ng this form are true and correct lly disclose the information	
quired to complete	this form.	I confirm that the attached photograph is of:
am the person in the hich is less than si	e photograph attached below x (6) months old).	Applicant name
	and obliged by legislation, to have and checked for the purpose	
quested, I agree	to provide income tax returns sments (further to those already n).	Applicant address
	to provide further documentation occuracy of responses given in	Authorised witness signature
Attach original colour photo here	Date of photograph DD / MM / YYYY	Date DD / MM / YYYY

Part 1 Personal information Information to be provided as attachments

The following attachments must accompany this form:

- 1A. A copy of each of the following as proof of identify:
 - (i) full birth certificate
 - (ii) current drivers licence (or a Proof of age card or Photo Card issued by an Australian state or territory)
 - (iii) all Marriage Certificates
 - (iv) where applicable, any change of name deed poll certificate
- 1B. Copies of the identification section of all current passports.
- 1C. A copy of certificate of Australian citizenship/naturalisation (if applicable).
- 1D. Copies of your last three individual tax returns and last three assessment notices.
- 1E. For all formal qualifications, please supply a copy of your certificates of qualification.
- 1F. A copy of armed forces discharge papers (if applicable).
- 1G. Copies of certificates of membership or other evidence (e.g. receipt from payment of fees) of membership of any professional bodies.
- 1H. Copy of a National Police Certificate issued within the last 6 months
 - (To obtain a Certificate in NSW, visit your local police station and complete a 'National Criminal History Record Check application form P799 or go to www.police.nsw.gov.au/online_services and select the Criminal Records link. Similar arrangements apply in other States/Territories.)
- For overseas residents, a Police Report or Clearance from the appropriate authority in the jurisdiction in which you currently reside. (Police Reports or Clearances older than six (6) months will not be accepted and, if not in English, a certified transcript is required.)
- 1J. A copy of a credit report issued by a national credit reporting body within the last three months.

Note

Your name and date of birth must exactly match the official name on your birth certificate, or any name change documents issued since then, such as a marriage or deed poll certificate)

- 1K. Copies of financial statements for the last two (2) financial years of any trust of which you are a named beneficiary or trustee.
- 1L. A copy of your resume or curriculum vitae.
- 1M. A copy of the role description of the newly appointed position.

- 1N. Summary of Work History and Business History.
 - Details of all Directorships (including past and present).

This should be set out in tabular form[†] using the following headings –

- Name of Company
- ▲ Location of Company
- Date of Appointment as Director
- Date of Cessation as Director (where applicable)
- Principal Activity of Company

To assist in ensuring that all Australian companies for which you have been a director are disclosed, it is requested that you obtain a **historical** directorship listing from an agent of the Australian Securities and Investments Commission (ASIC) to aid in the completion of this question.

The ASIC search should not be automatically considered as being a comprehensive list of your directorships (past and present). You must ensure that any Australian or **overseas** corporation with which you have been a director is listed in your response, regardless of whether it features in the ASIC listing.

2. Details of all businesses conducted by you either solely, in partnership or through some other means not detailed in "1" above (including past and present).

This should be set out in tabular form[†] using the following headings –

- Name of Entity
- ▲ Location of Entity
- Date of Commencement
- Date of Cessation

In relation to partnerships, please provide the names of the other partners.

3. Details of all employment over the last 10 years that has not already been detailed in "1" or "2".

This should be set out in tabular form[†] using the following headings:

- Name of Employer
- ▲ Address of Employer
- Position Title
- Date of Commencement
- Date of Cessation
- Description of Duties

†Example of tabular form -

Heading	Heading	Heading
---------	---------	---------

3W3271 170221

Part 2 Personal information - Information to be provided within this form

2A Personal details
☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Middle name
Family name
Alias(es), nicknames, maiden name, other name changes, you have used or by which you have been known (legal or otherwise)
Current residential address
Suburb/town/city
State Postcode Current business address
Suburb/town/city
State Postcode
Period business has operated MM / YYYYY to MM / YYYYY
Period business has operated at current address to MM / YYYYY to MM / YYYYY
Current occupation

Mobile	
Home phone	
Daytime phone	
Email	
Date of birth	
DD / MM / YYYY	
Gender	
Gerlaer	
Oit and the second of leight	
City or town of birth	
Country of birth	
Physical description	
Height cm	
Weightkg Hair colour	
Titali Goldan	
Eye colour	
Lye coloui	
Complanies	
Complexion	
Scars, tattoos or other distinguishing marks	
A	
Are you an Australian citizen? Yes	
□ No	
If a naturalised citizen of Australia, state the date of naturalisation and the certificate number	and place
Date	
DD/MM/YYYY	

Place of naturalisation	Given name
Certificate number	Middle name
	Surname
Note A copy of your citizenship/naturalisation certificate is	
required in response to Part 1C of this form	Maiden name (where applicable)
If a citizen of another country, state that country:	Date of birth
	DD / MM / YYYY
Are you enrolled on an electoral roll in Australia	City or town of birth
or elsewhere?	
Yes supply details No supply details	Country of birth
If Yes , state the name and address under which enrolled:	Country or birtin
1 163, state the Hame and address under which emolied.	
	Current residential address
If No , give reasons why not enrolled:	
	Suburb/town/city
	State Postcode
	Occupation
Do you hold a current Australian driver licence? No	Employer's name
Yes ▼ provide details	
Driver licence no. State	List of current names (including maiden surname)
	and current addresses of previous spouses/de
	factos. If deceased you are respectfully requested to indicate accordingly.
Note	
A copy of your driver's licence is required in response to Part 1A of this form	
	1 Full pages
2B Marital details	1. Full name
Are you married or in a de facto relationship? No Go to Part 2C	
Yes very provide details of spouse/de facto:	Maiden name (where applicable)
☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other	

Current residential address	2C Family details
	Details of deceased persons are respectfully requested
	Father:
	Given name
Suburb/town/city	
	Middle name
State Postcode	
State Postcode	Family name
2. Full name	
	Date of birth
	DD / MM / YYYY
	Occupation*
Maiden name (where applicable)	
Current residential address	Mother:
	Given name
	Middle name
Suburb/town/city	
	Family name
State Postcode	
	Date of birth
	DD / MM / YYYY
	Occupation*
	Оссираноп
	(*If retired or deceased, please show main occupation

during working life.)

List all brothers and sisters (whether a blood relative or not). Show relationship to each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	*Occupation
				DD/MM/YYYY	

List all children, including step or adopted children. Show relationship to each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	*Occupation
				DD/MM/YYYY	

(*If retired or deceased, please show main occupation during working life.)

2D Education /Qualifications	Institution
2D Education/Qualifications	inditation
What level of primary or secondary education did you attain?	
Name of last primary or secondary educational institution attended	Date obtained DD / MM / YYYY Qualification
	Institution
Year you graduated/left the primary or secondary educational institution	
List any tertiary qualifications, including the name of the qualification and the institution from which it was obtained and the date that it was obtained.	Date obtained DD / MM / YYYY
Note Copies of qualifications are to be supplied in response to Part 1E of this form	Qualification
Qualification	

Institution	Note A copy of discharge papers is required to be provided
	in response to Part 1F of this form
Date obtained DD / MM / YYYY	While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial or court martial?*
Qualification	☐ Yes ▼ please provide details:
Institution	
Date obtained	
DD / MM / YYYY	
2E Armed forces details	
Have you ever served in any armed forces?*	
☐ No ▶ Go to Part 2F	
Yes ▼ complete the following:	
Country	2F Passport and travel details (if applicable)
Arm of service	Have you ever held a passport from any country?
7.4.11 6.1 66.1 (16.2)	☐ No ▶ Go to Part 2G
	☐ Yes ▼ please provide details:
	For each passport that you hold please provide the following information. (If insufficient space use an attachment page.)
Date of entry	1. Passport number
DD / MM / YYYY	
Date of discharge	Country
DD / MM / YYYY	
Rank at discharge	Place of issue
	Date of issue
	DD/MM/YYYY
Serial number	Date of expiration
	DD / MM / YYYY

2. Passport number	Have you ever been refused entry or expelled/deported from any country?
Country	☐ No☐ Yes ▼ please provide details:
Place of issue	
Date of issue DD / MM / YYYYY	
Date of expiration DD / MM / YYYYY	
Note Copies of all current passports are required in response to Part 1B of this form	
Have you travelled outside your country of residence during t ☐ No ☐ Yes ▼	he past ten (10) years?
Complete the following in relation to all travel associated with	the gaming industry conducted over the last ten (10) years.

Country visited	Arrival	Departure	Reason for business travel
	DD/MM/YYYY	DD/MM/YYYY	

2G Residences

List all addresses at which you have been a permanent resident over the last ten (10) years beginning with your current address and working backwards. Show the period at each residence.

From	То	House/unit no. and street	Suburb/City	State	Country
MM/YYYY	MM/YYYY				
MM/YYYY					
MM/YYYY	MM/YYYY				
MM/YYYY	MM/YYYY				
MM/YYYY	MM/YYYY				
2H Firea	arms		If Yes , reason for own	ership:	
Do vou or v	our spouse,	/de facto own a firearm?			
□ No					
	nlease adv	ise reason for ownership:			
100	piodoc dav				
			2I Arrests, detenti	ons and	litigation
					g
			Are you seeking ent not be answering th		to non-disclosure and will questions?
Have you o		se/de facto ever applied for a	An attachment setting disclosure including should accompany	copies o	f the relevant legislation
∐ No			Have you ever been in	New So	uth Wales or elsewhere:
	please adv	ise:	Convicted or an offend		atil Traice of Giscovillors.
Date of app	olication		Yes No	Je!	
DD / MI	M / YYYY			. 1 (Lea Lada Mara La
Place lodge			Investigated (to the be enforcement agency?		r knowledge) by a law

Summoned before a court to answer any offence for any reason whatsoever regardless of the outcome of the action?

☐ Yes ☐ No

Arrested by a law enforcement agency?

Detained by a law enforcement agency?

Charged by a law enforcement agency?

continue overleaf

Was application successful?

If **No**, reason for denial:

☐ Yes ☐ No

being recorded?	
Yes No	□ No
Cautioned by the police?	☐ Yes ▼ please provide details:
Yes No	
The subject a Violence Order?	
☐ Yes ☐ No	
The subject of a cancelled or suspended driver's licence?	
☐ Yes ☐ No	
If you answered yes to any of the above, provide full details by attachment.	
Have you ever been a party in a civil lawsuit, either personally or as a company officer, or are you aware of any such action that may be pending?	
No No	
Yes velease provide details:	
	2J Involvement in gaming and other employment
	Are you or have you been associated with the ownership, administration or management of, or held any financial interest in:
	a casino;
	Keno or lottery operations;
	☐ Interactive/online gambling operation;
	race wagering or sports wagering operations (including bookmaking);
	a liquor licence; a club, hotel or tavern; or
	the manufacture, assembling, selling, distributing, importing supplying, repairing or operation of gaming machines, in-line machines, lucky envelope machines or other amusement devices?
Have you aver had a judgement returned against you?	If Yes to any, please provide details:
Have you ever had a judgement returned against you?	71
□ No	
☐ Yes ▼ please provide details (unless already provided):	
<u> </u>	
	continue overleaf

operations in an racing industry	you ever been engaged in bookmaking ny capacity or otherwise involved in the other than as specified above?		investigation by or on authority or government	usly been subject to a probity I behalf of any law enforcement ent regulator?
□ No			∐ No	
☐ Yes ▼ plea	ase provide details:		investiga	rovide details including name of the ting authority, purpose of the probity tion, the year of the investigation and t:
director or secre	peen dismissed, discharged or asked to resi etary of a company. ase complete the following:	gn fro	m any employment? ⁻	This includes any position as a
Date	Name and address of employer	Sup	ervisor's name	Reason for dismissal, discharge
Date	Name and address of employer	Sup	ervisor s name	or resignation
DD/MM/YYYY				
		1		The state of the s

DD/MM/YYYY
DD/MM/YYYY

2K Licences, certificates and memberships

List below all gaming approvals, licences or authorities obtained, whether issued in this State or elsewhere. Include any licence or certificate which has been cancelled, suspended or had conditions attached. Explain the reason for any cancellation or suspension and the nature of any attached condition on an attachment page.

	Place issued	Type of licence	Licence number (if applicat	ole) Status
DD/MM/YYYY				
	ase provide details: to any professional body,	association	Yes very please provide details:	
¬			2L Financial details	
No Yes ▼ plea	ase provide details:		2L Financial details i) Have you ever been bankrupt or surrangement under the Bankruptcy Amade some arrangement with your coverseas equivalent? No Yes ▼ complete the following: Date of bankruptcy/arrangement	ct 1966 (i.e.
	ase provide details:		i) Have you ever been bankrupt or su arrangement under the <i>Bankruptcy A</i> made some arrangement with your co overseas equivalent? No Yes complete the following:	ct 1966 (i.e.
	ase provide details:		i) Have you ever been bankrupt or su arrangement under the <i>Bankruptcy A</i> made some arrangement with your co overseas equivalent? No Yes complete the following: Date of bankruptcy/arrangement	ct 1966 (i.e. reditors) or an
Yes ▼ plea	ase provide details:		i) Have you ever been bankrupt or suarrangement under the <i>Bankruptcy A</i> made some arrangement with your coverseas equivalent? No Yes complete the following: Date of bankruptcy/arrangement DD / MM / YYYYY	ct 1966 (i.e. reditors) or an
Yes ▼ plea Note Evidence of year	ase provide details: our membership of these aired in response to Part	e professional	i) Have you ever been bankrupt or su arrangement under the Bankruptcy Armade some arrangement with your converseas equivalent? No Yes Complete the following: Date of bankruptcy/arrangement DD / MM / YYYYY Date of discharge/completion (propos	ct 1966 (i.e. reditors) or an
Yes ▼ plea Note Evidence of year	our membership of these	e professional 1G of this form	i) Have you ever been bankrupt or suarrangement under the Bankruptcy Amade some arrangement with your coverseas equivalent? No Yes Complete the following: Date of bankruptcy/arrangement DD / MM / YYYY Date of discharge/completion (proposition)	ct 1966 (i.e. reditors) or an

Suburb/town/city	Name of trustee, administrator, liquidator or receiver/manager
State Postcode	
State 1 ostoode	
Contact phone	
	Contact phone
Provide details of the circumstances leading to	
bankruptcy/arrangement proceedings (including details of	Details of circumstances leading to proceedings (including
any pending arrangements):	details of any pending arrangements) and a copy of
	the external administrators report where available is to
	be supplied.
 (ii) Have you ever been a director or officer of a company, that while you were a director/officer or in the 12 months subsequent to your ceasing to be a director/officer: ■ been placed into liquidation, receivership, scheme of arrangement or under other formal insolvency administration; ■ had an agent for the mortgagee appointed; or ■ had an investigation into the affairs of the company authorised under the Australian Securities and Investments Commission, its predecessors or equivalent overseas body? No ■ Go to Q(iii) Yes ▼ complete the following: 	 (iii) Are you currently a director or officer of a company that: ✓ is in liquidation, receivership, subject to a scheme of arrangement or under other formal insolvency administration; ✓ has an agent for the mortgagee appointed; or ✓ is having its affairs investigated under the authorisation of the Australian Securities and Investments Commission, its predecessors or equivalent overseas body?* ☐ No ✓ Go to Q(iv) ☐ Yes ✓ complete the following: ✓ If YES, complete the following: Type of proceedings
Commencement date	
DD / MM / YYYY	Commencement date
Company name	DD / MM / YYYY
Company name	
	Company name

manager	director of a company under any of the provisions of current or previous Australian Corporation and Securities Legislation or overseas equivalents?
	☐ No ▶ Go to Q(vi)
Contact phone	☐ Yes ▼ complete the following:
	Date of disqualification
	DD / MM / YYYY
Details of circumstances leading to proceedings (including details of any pending arrangements) and a copy of the external administrators report where available is to be supplied.	Reason for disqualification (include details of any pending arrangements)
(iv) Have you ever been investigated by the regulator of corporations law in Australia or overseas (in Australia this is currently Australian Securities and Investments Commission (ASIC))?	(vi) Has your salary, wage, earnings or other income ever been subject to a Garnishee Order, attachment or the like? ☐ No ☐ Yes ▼ please provide details:
☐ Yes ▼ please provide details:	

(vii) Have you ever had an article repossessed by a finance company or the like? ☐ No ☐ Yes ▼ please provide details:	 (ix) Are you, or any company of which you are a director, being investigated by any taxation authority in any country? □ No □ Yes ▼ please provide details:
(viii) Are you up to date with your tax lodgements?	(x) Have you or any company of which you were a director
Yes No ▼ please provide reasons:	at the time, been investigated by any taxation authority in any country? No Yes please provide details:
Note A copy of your most recent tax return and assessment notice has been requested at Part 1D of this form	

(xi) Are you involved in any family trust or any other form of trust including in the capacity of trustee? ☐ No ☐ Yes ▼ please provide details:	 +(1) For the purpose of this question, a corporation is related to another corporation where it is: a holding company of the other corporation; or a subsidiary of the other corporation; or a subsidiary of a holding company of the other corporation. (2) For the purpose of this question, an unlisted corporation is a corporation that is not listed on a stock exchange.
Note Details of the trust are required in response to Part 1K of this form	
(xii) Please provide details of any company of which you are a substantial shareholder in terms of the <i>Corporations Act 2001</i> (Australian).	(xiv) Statement of Assets Please complete the following schedule in relation to your assets as at: Date DD / MM / YYYYY (i.e. date of this statement or whatever date that is convenient in the last 12 months).
	Note Where assets are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital assets are held in your spouse's name, please include these assets in your statement, indicating that they are not in your name.
(xiii) Excluding those corporations listed on a stock	

exchange, please provide details of all corporations, the shares in which you or your spouse/de facto have a direct or indirect interest. An indirect interest is considered to

You are a beneficiary of a trust that holds the shares. The shares are held by another person on your behalf, whether or not they are held in accordance with a

The shares are held by an unlisted corporation and you hold shares in that corporation or a related unlisted

For any other reason you have an equitable claim to benefits or voting rights attached to the shares.

exist where:

formal trust agreement.

corporation.+

Current Assets

▲ All amounts to be shown in Australian dollars

Funds held with financial institutions					
Financial Institution	Branch	Country	Account Number	(A\$)	

Cash otherwise held	
Describe where funds are located and the amount held	(A\$)

Debts owing to you by other persons, including family members			
Give details including due dates	(A\$)		

Shares (including family company shares), bonds, debentures, notes etc					
Company	Туре	No. held	Year of acquisition	Total acquisition cost (A\$)	Estimated market value (A\$)

Superannuation		
Description	Total contributions (A\$)	Estimated market value (A\$)

Real estate (own residence and other properti	es)		
Location and description	Year of acquisition	Total acquisition cost (A\$)	Estimated market value (A\$)

Motor vehicles, caravans, boats, furniture, jewellery, antiques, collections and any other assets not listed above			
Description	Total contributions (A\$)	Estimated market value (A\$)	

Description Total Estimated contributions (A\$) (A\$)	
(Αψ)	Э

TOTAL ASSETS	A\$
	•

Please complete the following schedule in relation to your liabilities as at Date DD / MM / YYYY (i.e. date of this statement must be as at the date for the Statement of Assets). Note Describe fully. Indicate secured and unsecured liabilities. Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Financial institution Financial institution Financial institution Financial institution Financial institution		1
Date DD / MM / YYYY (i.e. date of this statement must be as at the date for the Statement of Assets). Note Describe fully. Indicate secured and unsecured liabilities. Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Branch Amount of loan A\$ Amount outstanding A\$ Monthly repayment A\$ Due date DD / MM / YYYY Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:	(xv) Statement of Liabilities	Financial institution
(i.e. date of this statement must be as at the date for the Statement of Assets). Note Describe fully. Indicate secured and unsecured liabilities. Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Branch Amount of loan A\$ Amount outstanding A\$ Monthly repayment A\$ Due date DD / MM / YYYY Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:		
(i.e. date of this statement must be as at the date for the Statement of Assets). Note Describe fully. Indicate secured and unsecured liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Financial institution A\$ Amount outstanding A\$ Monthly repayment A\$ Due date DD / MM / YYYY Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:	Date	
(i.e. date of this statement must be as at the date for the Statement of Assets). Note ■ Describe fully. Indicate secured and unsecured liabilities. ■ Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Financial institution Amount of loan A\$ Amount outstanding A\$ Due date DD / MM / YYYY Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:	DD / MM / YYYY	Branch
Note ■ Describe fully. Indicate secured and unsecured liabilities. ■ Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Amount of loan A\$ A\$ Monthly repayment A\$ Due date DD / MM / YYYY Secured		
Note Describe fully. Indicate secured and unsecured liabilities. Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Financial institution		
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Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:		A constant as statement of
associated dollar value. Where a significant portion of marital liabilities are held in your spouse's name, please include these liabilities in your statement, indicating that they are not in your name. Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:		
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Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:		Monthly repayment
Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:	·	A\$
Liabilities to financial institutions including home, investment and personal loans, overdrafts and credit card liabilities 1. Borrower's/Account/ Cardholder's Name: Secured Unsecured 3. Borrower's/Account/ Cardholder's Name:	indicating that they are not in your name.	
credit card liabilities 1. Borrower's/Account/ Cardholder's Name: 3. Borrower's/Account/ Cardholder's Name: Financial institution	Liabilities to financial institutions including home,	
1. Borrower's/Account/ Cardholder's Name: 3. Borrower's/Account/ Cardholder's Name: Financial institution		DD / MM / YYYY
3. Borrower's/Account/ Cardholder's Name: Financial institution	credit card liabilities	Secured Unsecured
Financial institution	Borrower's/Account/ Cardholder's Name:	3 Borrower's/Account/ Cardholder's Name
		C. Bollowol 6/7 loodally Carallolade of Name.
	Financial institution	
	T III I I I I I I I I I I I I I I I I I	Financial institution
Branch Branch	Branch	Branch
Dianeti		
Amount of loan	Amount of loan	
Amount of loan	A\$	
A\$		A\$
Amount outstanding Amount outstanding Amount outstanding		Amount outstanding
A\$ A\$	A\$	
Monthly repayment	Monthly repayment	
A\$ Monthly repayment	A\$	
A\$		A\$
Due date Due date		Due date
DD / MM / YYYY	DD / MM / YYYY	DD/MM/YYYY
Secured Unsecured Secured Unsecured	Secured Unsecured	

2. Borrower's/Account/ Cardholder's Name:

Other liabilities (indicate details of creditors) 1. Creditor details	Contingent liabilities (i.e. Liabilities of an indefinite nature or unspecified amount for which you may become liable in the future. Please provide details.)
1. Creditor details	the future. I lease provide details.)
Amount	
A\$	
2. Creditor details	
Amount	
A\$	
3. Creditor details	Personal guarantees (Provide details of any personal guarantees that you have provided and which are still current.)
Amount	
A\$	
4. Overditary alested	
4. Creditor details	
A	_
Amount	
A\$	
Total liabilities	
Amount	Assets provided as security (Provide details of any of
A\$	your personal assets that are currently subject to some form of security or charge. The security need not relate to a personal debt, i.e. the security may have been provided
NET WORTH	to a creditor of a company with which you are involved.)
Amount (total assets LESS total liabilities)	
A\$	
Data	
Date Date	
DD / MM / YYYY	
	_

 (xvi) Do you hold any assets on behalf of any other person, with or without the existence of a formal trust agreement? No Yes ▼ please provide reasons: 	 capital gains from any real estate, share sales; superannuation or annuity payments; gifts totalling greater than \$2,000 from an person or entity over the 12 month perio net profits from gambling activities. Year ended	ny single
	YYYY	
	Source	Amount (A\$)
(xvii) Has there been any material change in your net worth since the date shown above?	TOTAL	
NoYes ▼ please provide reasons:	Year ended YYYYY	
	Source	Amount (A\$)
	TOTAL	
(xviii) Source of Funds Indicate below the sources over the past five (5) years of all income and other benefits received, in money or in kind, for your use or disposal. List the amount and source of	Year ended	
each item received by yourself (and your spouse/de facto, if received jointly) and list each year separately. Where applicable, indicate whether the amount shown is the gross amount or net amount.	Source	Amount (A\$)
The list should include, but not be limited to, any of the following received:		
wages and/or salaries;dividends, interest;rental income;		
 principal repayments relating to loans to other parties; inheritance; 	TOTAL	

termination payments;

bonuses;

Year ended			2M Influences, confl disqualified pers
0		Amount	L&GNSW must be advis be seen as having an un
Source		(A\$)	of a probity investigation Disclosures must also be conflict of interest.
			Have you or any associa representatives been inv discussions or negotiation regard to this probity inv any other application for
	TOTAL		□ No
			Yes please provious name, name
Year ended			of the composition of any lobby negotiations
Source		Amount (A\$)	
	TOTAL		

ct of interest and ons

ed of any matter which could due influence on the outcome or an application for a licence. made of persons with a potential

tes, or employees or olved in any lobbying, meetings, ns with any government official in estigation or, if applicable, this or a gaming licence?

Yes	please provide details of the official's name, name of persons acting on behalf of the company and the date and nature of any lobbying, meetings, discussion or negotiations held

Part 3 Declaration
I, Full name of person
Address
Suburb/town/city
Guburb/town/city
State Postcode
do by solemnly declare and affirm that
■ I have made all reasonable enquiries to ascertain the information to permit me to correctly complete this application.
■ I have personally checked the correctness of all the answers given in this application.
▲ The answers are true and correct and I have not omitted any material matter in providing the answers.
■ I understand it is an offence if I fail to immediately notify the Authority in writing of any changes to the information supplied in this application which occur before the application is determined.
Declared at (address where declaration is witnessed and signed by declarant and JP):
Address
Suburb/town/city
State Postcode
Signature
Date
DD / MM / YYYY

3A Witness details
Name (Justice of the Peace/Legal Practitioner)
Registration number
Signature
Date
DD/MM/YYYY

Appendix

Authority for release of information

- 1. I authorise Liquor & Gaming NSW, Department of Customer Service and the New South Wales Police Commissioner, to make investigations about me for the purposes of determining my suitability for the purposes of licensing or in relation to an existing licence under the Gaming Machines Act 2001, Public Lotteries Act 1996, Totalizator Act 1997 and Casino Control Act 1992 ("the Acts").
- 2. Authorise any person conducting any investigations or enquiries on behalf of Liquor & Gaming NSW, Department of Customer Service, for the purposes of the Acts, including any officer of Liquor & Gaming NSW, or the NSW Police Force ("Authorised Person"), to obtain any information and make any investigations or enquiries which relate to me and may be relevant to any of the purposes of the Acts in any jurisdiction.
- 3. Authorise an officer of any Australian or overseas law enforcement agency, regulatory body or financial institution (whether located in or outside of Australia) to whom a copy of this authority is presented to allow any Authorised Person to inspect and obtain copies of, or to release to any Authorised Person, any record, document or other information of any kind in written, electronic or any other form, which relates to me and is held by any law enforcement agency, regulatory body or financial institution.
- Those bodies may include, but are not limited to, the Australian Tax Office (ATO), Australian Securities and Investments Commission (ASIC), Australian Federal Police (AFP), Foreign Investment Review Board (FIRB), Australian Transaction Reports and Analysis Centre (AUSTRAC), Australian Criminal Intelligence Commission (ACIC), Border Force and their overseas equivalent.
- 5. The information held by these bodies may include, but is not limited to financial records, personal and criminal history, probity assessments and approvals.
- 6. Will at all times sufficiently indemnify those officers referred to in "3" above and the Authorised Person and keep those officers referred to in "3" above and the Authorised Person indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against those officers referred to in "3" above and the Authorised Person or incurred or become payable by the Authorised Persons in respect thereof.

Name
Address
Suburb/town/city
State Postcode
Signature
Date
DD/MM/YYYY
Witness details
Name
Address
Suburb/town/city
State Postcode
Signature
Date
DD / MM / YYYY