

PERSONAL PROBITY FORM (Part C)

This form is used to assist the completion of suitability checks performed on persons associated with certain Gaming Applicants/Licensees in New South Wales.

CONFIDENTIAL

Person to whom this form relates:

This form has been submitted for the purpose of:

(e.g. "Director appointment")

**Name of Gaming Applicant/Licensee
with which you are associated:**

Note: This form should be completed in every particular. Incomplete forms may be returned for completion. This may result in delays in the probity process and, if applicable, the consideration of any licence application.

IMPORTANT**WARNING
ABOUT FALSE OR MISLEADING INFORMATION
OR INCOMPLETE DISCLOSURE**

Applicants and other persons completing this form should be aware that the information you provide in this application will be checked by various agencies. Making a false or misleading statement or omission of any material matter is an offence pursuant to section 36 of the Casino, Liquor and Gaming Control Authority Act 2007, which may lead to prosecution action with a penalty of up to \$5,500 or 12 months in prison (or both) and/or refusal of the application.

If, before the application is granted, a change occurs in the information provided in, or in connection with the application or in the documents lodged with the application, the applicant must immediately give the Authority notice in writing specifying particulars of the change.

Where a licence is issued and it is subsequently found that full disclosures had not been made in relation to the licensee or its associates or that false or misleading information had been provided, action may be taken against the licensee to show cause why the licence should not be cancelled or suspended.

INSTRUCTIONS TO BE READ

It is critical that you read the 'Instructions for Completion' contained on pages 3 and 4 before the form is completed.

Signature: _____

Date: _____
Day / Month / Year

INSTRUCTIONS FOR COMPLETION

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 state "N/A".
4. If there is nothing to disclose in reply to a particular question state "Nil".
5. 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.
6. All dates should be completed in the form: Day / Month / Year.
7. Each page of this form should be signed in the space provided by the person completing the form. Each page of each attachment should be signed or initialled by the person completing the form.
8. 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.
9. 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.
10. An asterisk (*) signifies "Delete whichever is not applicable".
11. The photograph to be attached to the certificate should be:
 - no more than six (6) months old;
 - display a full view of the head and shoulders without any head covering or tinted glasses (if you normally wear glasses you should do so in the photograph);
 - approximately 35mm wide x 45mm high (passport size) against a light background; and
 - in colour.

Signature: _____Date: _____
Day / Month / Year

12. The Personal Probity Form (in triplicate) should be sealed in an envelope and forwarded to:

Casino, Liquor and Gaming Control Authority
Level 6
323 Castlereagh Street
SYDNEY NSW 2000
AUSTRALIA

13. Any further inquiries should be directed to Legal & Licensing Branch of the NSW Office of Liquor, Gaming and Racing, telephone (02) 9995 0931. (For calls outside Australia, the number is 61 2 9995 0931.)
14. Note that in this form a reference to a person includes reference to a corporation.
15. Persons completing this form may be required to be interviewed by officers of the NSW Office of Liquor, Gaming and Racing or NSW Police Force on one or more occasions. If you are required to be interviewed the place and form of the interview will be at the discretion of the NSW Office of Liquor, Gaming and Racing or NSW Police Force. All persons to be interviewed are required to bear their own cost of travel and accommodation.
16. Persons completing this form should be aware that probity investigations will not be commenced until required information is provided. In addition, a probity investigation may be halted where additional information sought is not provided in a timely manner.

Signature: _____

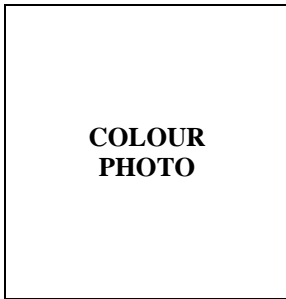
Date: _____
Day / Month / Year

CERTIFICATION

I, _____
(full name of person)

hereby declare as under:

- (a) I am the person identified in this document.
- (b) I have personally completed this form or have supplied all the information indicated herein and have confirmed its accuracy in the completed form.
- (c) I certify that the particulars contained herein and all matters accompanying this form are true and correct in every detail and fully disclose the information required to complete this form.
- (d) I am the person in the photograph attached below (which is less than six (6) months old).
- (e) I agree if requested and obliged by legislation to have my fingerprints taken and checked for the purpose of probity.
- (f) If requested, I agree to provide income tax returns or income tax assessments (further to those already requested in this form).
- (g) I agree, if requested, to provide further documentation as evidence of the accuracy of responses given in this form.



Date of Photograph: ____ / ____ / ____

Photograph attached and this certificate signed at _____

this _____ day of _____ 20 ____

(Signature)

WITNESS CERTIFICATION

Name of Witness: _____

Address of Witness: _____

I confirm that the above attached photograph is a photograph of:

Name of Person: _____

Address of Person: _____

DATED at _____ this _____ day of _____ 20 ____

(Signature of Witness)

Signature: _____ Date: _____
Day / Month / Year

AUTHORITY FOR RELEASE OF INFORMATION

I, _____
(full name)

of _____
(address)

grant an authority on the following terms:

1. I authorise the Director of Liquor and Gaming and the New South Wales Police Commissioner, to cause to be made 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* ("the Act").
2. Authorise any person conducting any investigations or enquiries on behalf of Director of Liquor and Gaming and the New South Wales Police Commissioner, for the purposes of the Act, including any officer of the NSW Office of Liquor, Gaming and Racing 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 Act in any jurisdiction.
3. Authorise an officer of the Australian Taxation Office or the manager or other principal officer of any branch or office of a bank or financial institution in any jurisdiction 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 the Australian Taxation Office, bank or financial institution.
4. Authorise any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this authority is presented to release to any Authorised Person any information or official record of any kind in written, electronic or any other form which relates to me and is held by the police service, agency or body, including any information relating to my personal and criminal history.
5. Will at all times sufficiently indemnify those officers referred to in "3" and "4" above and the Authorised Person and keep those officers referred to in "3" and "4" 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" and "4" above and the Authorised Person or incurred or become payable by the Authorised Persons in respect thereof.

(Signature of Witness)

(Signature)

(Print witness name and address in full)

____ / ____ / ____

Signature: _____

Date: _____
Day / Month / Year

PERSONAL INFORMATION – PART ONE

Information to be provided by way of attachments

The following *attachments* must accompany this form:

- A. A copy of each of the following as proof of identity –
- (i) full Birth Certificate;
 - (ii) current driver's licence (if applicable);
 - (iii) all Marriage Certificates (only required for females); and
 - (iv) where applicable, any change of name deed poll certificate.
- B. Copies of the identification section of all current passports. *(If you have never held a passport you should state so at question "F(i)" of Part Two of this document.)*
- C. A copy of certificate of Australian citizenship/naturalisation (if applicable).
- D. A copy of your last individual tax return and assessment notice.
- E. For all formal qualifications, please supply a copy of your certificates of qualification.
- F. A copy of armed forces discharge papers (if applicable).
- G. Copies of certificates of membership or other evidence (e.g. receipt from payment of fees) of membership of any professional bodies.
- H. For overseas residents only, 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.*)
- I. Copies of financial statements for the last two (2) financial years of any trust of which you are a named beneficiary or trustee.
- J. Summary of Work History and Business History.
1. 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
-----------------	---------------------	---------------------------------	--	-------------------------------

Signature: _____

Date: _____
Day / Month / Year

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	Principal Activity of Entity
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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
------------------	---------------------	----------------	----------------------	-------------------	-----------------------

- K. Three written references, at least one of which must be a reference in relation to your business reputation and one which must refer to your general character.

(At a minimum, these references should include:

- *a statement in relation to your character and/or business reputation;*
- *a confirmation of years known;*
- *how you are known to the referee;*
- *a statement that the referee is agreeable to be contacted to further discuss these matters, if it is deemed necessary to do so;*
- *full name and contact details of the referee.)*

Note: If you are unable to provide any of the aforementioned attachments, please provide a written explanation in this regard.

Signature: _____

Date: _____
Day / Month / Year

PERSONAL INFORMATION – PART TWO
Information to be provided by written answer**A. PERSONAL DETAILS**

(i) Surname: _____

Given Names: _____

(ii) Alias(es), nicknames, maiden name, other name changes, legal or otherwise, you have used or by which you have been known (legal or otherwise):

(iii) Present residential address:

*No. Street Suburb*_____
City/Town State Postcode

Present business address:

*No. Street Suburb*_____
City/Town State Postcode

(iv) Period business operated: _____

(v) Period business operated at present address: _____

(vi) Present occupation: _____

Telephones – Business: (____) _____

Home: (____) _____

Mobile: _____

Email: _____

Signature: _____

Date: _____
Day / Month / Year

- (xii) Are you the holder of a current Driver's Licence? * YES / NO

If YES, date and place of issue: _____

Licence Number: _____

(Note: A copy of your driver's licence is required in response to item "A", Part One of this form.)

B. MARITAL INFORMATION

- (i) Are you married or in a de facto relationship? * YES / NO

If YES complete the following. If NO go to Question C.

Full name of *spouse/de facto: _____

Maiden name of *spouse/de facto (where applicable): _____

Date of birth of *spouse/de facto: ____ / ____ / ____

Place of birth of *spouse/de facto: _____

- (ii) Residential address of spouse/de facto:

No. Street Suburb

City/Town State Postcode

Spouse's/de facto's employer: _____

Spouse's/de facto's occupation: _____

- (iii) List of current names (including maiden surname) and current addresses of previous spouses/de factos. If deceased you are respectfully requested to indicate accordingly.

Current name (in full): _____

Maiden surname: _____

Current address:

No. Street Suburb

City/Town State Postcode

Signature: _____

Date: _____
 Day / Month / Year

C. FAMILY PARTICULARS (details of deceased persons are respectfully requested)

(i) Father: _____
Surname First name Other name/s

Date of Birth: ____ / ____ / ____ Main Occupation*: _____

(ii) Mother: _____
Surname First name Other name/s

Date of Birth: ____ / ____ / ____ Main Occupation*: _____

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

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

Relationship	Present Surname	First Name	Middle Name	Date of Birth	*Occupation

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

(iv) Children: List all, including step or adopted children. Show relationship of each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	Occupation

Signature: _____

Date: _____
 Day / Month / Year

D. EDUCATION/QUALIFICATIONS

- (i) What level of primary or secondary education did you attain?

- (ii) Name of last primary or secondary educational institution attended:

- (iii) Year you graduated/left the primary or secondary educational institution shown in (ii) above: _____

- (iv) 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. (
- Copies of qualifications are to be supplied in response to item "E", Part One of this form.*
-)

Qualification	Institution	Date Obtained

E. ARMED FORCES INFORMATION

- (i) Have you ever served in any armed forces? * YES / NO

If **NO**, go to Question "F". If **YES**, complete the following:

Country: _____

Arm of service: _____

Date of entry: ____ / ____ / ____

Date of discharge: ____ / ____ / ____

Rank at discharge: _____

Serial number: _____

(A copy of discharge papers is required to be provided in response to Item "F", Part One of this form.)

Signature: _____

Date: _____
Day / Month / Year

- (ii) While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial or court martial?

* YES / NO

If YES, please provide details: _____

F. PASSPORT AND TRAVEL INFORMATION (if applicable)

- (i) Have you ever held a passport from any country? * YES / NO

If YES, for each passport that you hold please provide the following information. (If insufficient space use an attachment page.)

Passport Number: _____ Country: _____

Place of issue: _____ Date of issue: ____ / ____ / ____

Date of expiration: ____ / ____ / ____

Passport Number: _____ Country: _____

Place of issue: _____ Date of issue: ____ / ____ / ____

Date of expiration: ____ / ____ / ____

(Copies of all current passports are required in response to item "B", Part One of this form.)

- (ii) Have you ever been refused entry or expelled/deported from any country? * YES / NO

If YES, please provide details: _____

Signature: _____

Date: _____
Day / Month / Year

(iii) Have you travelled outside your country of residence during the past ten (10) years?

* YES / NO

If **YES**, complete the following in relation to all travel associated with the gaming industry conducted over the last ten (10) years.

Country Visited	Date of Arrival	Date of Departure	Reason for Business Travel

G. RESIDENCES

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

Month and Year		Street and Number	Suburb, City	State	Country
From	To				

Signature: _____

Date: _____
Day / Month / Year

H. FIREARMS

(i) Do you or your spouse/de facto own a firearm? * YES / NO

(ii) Have you or your spouse/de facto ever applied for a firearm licence?

* YES / NO

If YES, advise:

Date of Application	Place Filed	Reason for Ownership or Reason for Denial	Licence Number (if applicable)

I. ARRESTS, DETENTIONS AND LITIGATION

(i) Have you ever been in New South Wales or elsewhere:

(a) Convicted of an offence? * YES / NO

(b) Investigated (to the best of your knowledge) by a law enforcement agency? * YES / NO

(c) Arrested by a law enforcement agency? * YES / NO

(d) Detained by a law enforcement agency? * YES / NO

(e) Charged by a law enforcement agency? * YES / NO

(f) Summoned before a court to answer any offence for any reason whatsoever regardless of the outcome of the action? * YES / NO

(g) Had any charge proved against you without a conviction being recorded? * YES / NO

(h) Cautioned by the police? * YES / NO

Signature: _____

Date: _____
Day / Month / Year

- (i) The subject of a Violence Order? * YES / NO
- (j) The subject of a cancelled or suspended driver’s licence? * YES / NO

If YES to any of the above, provide full details by attachment.

Note: “Law enforcement agency” includes but is not limited to State, Federal and Overseas Agencies such as Police Services, Crime Authorities, Crime Commissions, Commissions against Corruption, Securities and Investments Commissions, Customs Services, Taxation Offices, Competition and Consumer Commissions and Gaming Authorities.

NOTE: If you are seeking entitlement to non-disclosure and will not be answering the above questions please place a cross in the box. An attachment setting out the reasons for non-disclosure including copies of the relevant legislation should accompany this form.

- (ii) 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? * YES / NO

If YES, please provide details: _____

Signature: _____

Date: _____
Day / Month / Year

(iii) Have you *ever* had a judgement returned against you? * YES / NO

If YES, please provide details (unless already provided): _____

(iv) Have you been the subject of debt recovery action? * YES / NO

If YES, please provide details: _____

J. INVOLVEMENT IN GAMING AND OTHER EMPLOYMENT

(i) 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 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?

* YES / NO

If YES, please provide details: _____

Signature: _____

Date: _____
Day / Month / Year

- (ii) Are you or have you ever been engaged in bookmaking operations in any capacity or otherwise involved in the racing industry other than as specified in (i) above?

*** YES / NO**

If **YES**, please provide details: _____

- (iii) Have you ever previously been subject to a probity investigation by or on behalf of any law enforcement authority or government regulator?

*** YES / NO**

If **YES**, please provide details including name of the investigating authority, purpose of the probity investigation, the year of the investigation and the result:

- (iv) Have you ever been dismissed, discharged or asked to resign from any employment? This includes any position as a director or secretary of a company.

*** YES / NO**

If **YES**, complete the following:

Date	Name and address of employer	Supervisor's name	Reason for dismissal, discharge or resignation

Signature: _____

Date: _____
Day / Month / Year

K. LICENCES, CERTIFICATES, MEMBERSHIPS

- (i) 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.

Date of Issue	Place Issued	Type of Licence	Licence Number <i>(if applicable)</i>	Status

- (ii) Have you ever been refused a licence, authority or approval or otherwise found unsuitable by any gaming authority? * YES / NO

If YES, give details: _____

- (iii) Do you belong to any professional body, association or institute? * YES / NO

If YES, give details: _____

(Evidence of your membership of these professional bodies is required in response to item "G", Part One of this form.)

- (iv) Have you ever been investigated or disciplined by a professional body, association or institute? * YES / NO

If YES, give details: _____

Signature: _____

Date: _____
 Day / Month / Year

L. FINANCIAL DETAILS

- (i) Have you ever been bankrupt or subject to an arrangement under the *Bankruptcy Act* (i.e. made some arrangement with your creditors) or an overseas equivalent?

*** YES / NO**

If **YES**, complete the following:

____ / ____ / ____
 Date of bankruptcy/arrangement

____ / ____ / ____
 Date of discharge/completion
 (proposed date)

Name of Trustee: _____

Address: _____

Telephone: (____) _____

Provide details of the circumstances leading to bankruptcy/arrangement proceedings (including details of any pending arrangements):

Signature: _____

Date: _____
 Day / Month / Year

- (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:
 - (a) been placed into liquidation, receivership, scheme of arrangement or under other formal insolvency administration;
 - (b) had an agent for the mortgagee appointed; or
 - (c) had an investigation into the affairs of the company authorised under the Australian Securities and Investments Commission, its predecessors or equivalent overseas body?

* YES / NO

If **NO** go to Question (iii). If **YES** complete the following:

Type of proceedings: _____

Commencement date: _____ / _____ / _____

Company name: _____

Name of trustee, administrator, liquidator or receiver/manager:

Telephone: (____) _____

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.

Signature: _____

Date: _____
Day / Month / Year

- (iii) Are you currently a director or officer of a company that:
 - (a) is in liquidation, receivership, subject to a scheme of arrangement or under other formal insolvency administration;
 - (b) has an agent for the mortgagee appointed; or
 - (c) is having its affairs investigated under the authorisation of the Australian Securities and Investments Commission, its predecessors or equivalent overseas body?

* YES / NO

If **YES**, complete the following:

Type of proceedings: _____

Commencement date: _____ / _____ / _____

Company name: _____

Name of trustee, administrator, liquidator or receiver/manager:

Telephone: (____) _____

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.

Signature: _____

Date: _____
Day / Month / Year

- (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])?

*** YES / NO**

If **YES**, give details: _____

- (v) Have you ever been disqualified from acting as a director of a company under any of the provisions of current or previous Australian Corporation and Securities Legislation or overseas equivalents?

*** YES / NO**

If **NO**, go to question (vi)

If **YES**, complete the following:

Date of disqualification: ____ / ____ / ____

Reason for disqualification (include details of any pending arrangements):

Signature: _____

Date: _____
Day / Month / Year

(vi) Has your salary, wage, earnings or other income *ever* been subject to a Garnishee Order, attachment or the like?

* YES / NO

If YES, please provide details:

(vii) Have you *ever* had an article repossessed by a finance company or the like?

* YES / NO

If YES, please provide details:

(viii) Are you up to date with your tax lodgements?

* YES / NO

If NO, please provide reasons:

(A copy of your most recent tax return and assessment notice has been requested at item "D", Part One of this form.)

Signature: _____

Date: _____
Day / Month / Year

- (ix) Are you, or any company of which you are a director, being investigated by any taxation authority in any country?

* YES / NO

If YES, please provide details:

- (x) Have you or any company of which you were a director at the time, been investigated by any taxation authority in any country?

* YES / NO

If YES, please provide details:

- (xi) Are you involved in any family trust or any other form of trust including in the capacity of trustee?

* YES / NO

If YES, please provide details:

(Details of the trust are required in response to item "I", Part One of this form.)

Signature: _____

Date: _____
Day / Month / Year

(xii) Please provide details of any company of which you are a substantial shareholder in terms of the *Corporations Act 2001* (Australian).

(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 exist where:

- 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 formal trust agreement.
• The shares are held by an unlisted corporation and you hold shares in that corporation or a related unlisted corporation.*
• For any other reason you have an equitable claim to benefits or voting rights attached to the shares.

* (1) For the purpose of this question, a corporation is related to another corporation where it is:

- (a) a holding company of the other corporation; or
(b) a subsidiary of the other corporation; or
(c) 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.

Signature: _____

Date: _____
Day / Month / Year

(xiv) **Statement of Assets**

Please complete the following schedule in relation to your assets as at _____ day of _____ 20 ____ (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.

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 dates due)	(A\$)

Signature: _____

Date: _____
Day / Month / Year

SHARES (including family company shares), BONDS, DEBENTURES, NOTES, ETC.					
Company	Type	Number 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 properties)			
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 Acquisition Cost (A\$)	Estimated Market Value (A\$)

Signature: _____

Date: _____
 Day / Month / Year

ASSETS HELD BY ANOTHER PERSON ON YOUR BEHALF, WHETHER IN TRUST OR OTHERWISE		
Description	Total Acquisition Cost (A\$)	Estimated Market Value (A\$)
TOTAL ASSETS	A\$	

Signature: _____

Date: _____
 Day / Month / Year

(xv) **Statement of Liabilities**

Please complete the following schedule in relation to your liabilities as at _____ day of _____ 20 ____ (i.e. date of this statement must be as at the date for the Statement of Assets).

Note 1: Describe fully. Indicate secured and unsecured liabilities.

Note 2: 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.

(All amounts to be shown in Australian dollars)

LIABILITIES TO FINANCIAL INSTITUTIONS INCLUDING HOME, INVESTMENT AND PERSONAL LOANS, OVERDRAFTS AND CREDIT CARD LIABILITIES.	
Borrower’s/Account/ Cardholder’s Name:	Amount Outstanding: A\$
Financial Institution:	Due Date: ____ / ____ / ____
Branch:	Monthly Repayment: A\$
Amount of Loan: A\$	Secured/Unsecured:
Borrower’s/Account/ Cardholder’s Name:	Amount Outstanding: A\$
Financial Institution:	Due Date: ____ / ____ / ____
Branch:	Monthly Repayment: A\$
Amount of Loan: A\$	Secured/Unsecured:
Borrower’s/Account/ Cardholder’s Name:	Amount Outstanding: A\$
Financial Institution:	Due Date: ____ / ____ / ____
Branch:	Monthly Repayment: A\$
Amount of Loan: A\$	Secured/Unsecured:

OTHER LIABILITIES (indicate details of creditors)	(A\$)

TOTAL LIABILITIES	A\$
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Net Worth (as at _____ day of _____ 20 ____)

TOTAL ASSETS less TOTAL LIABILITIES	A\$
--	------------

Signature: _____

Date: _____
Day / Month / Year

CONTINGENT LIABILITIES (i.e. Liabilities of an indefinite nature or unspecified amount for which you may become liable in the future. Please provide details.)

PERSONAL GUARANTEES (Provide details of any personal guarantees that you have provided and which are still current.)

ASSETS PROVIDED AS SECURITY (Provide details of any of 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 to a creditor of a company with which you are involved.)

(xvi) Do you hold any assets on behalf of any other person, with or without the existence of a formal trust agreement.

* YES / NO

(xvii) Has there been any material change in your net worth since the date shown above?

* YES / NO

If YES, please provide details: _____

Signature: _____

Date: _____
Day / Month / Year

(xviii) **Source of Funds**

Indicate hereunder 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 each item received by yourself (and your spouse/de facto, if received jointly) and list each year separately. Where applicable, please indicate whether the amount shown is the gross amount or net amount.

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;
- termination payments;
- bonuses;
- capital gains from any real estate, share or other asset sales;
- superannuation or annuity payments;
- gifts totalling greater than \$2,000 from any single person or entity over the 12 month period;
- net profits from gambling activities.

(All amounts to be shown in Australian dollars)

Year ended: _____

Source	Amount (A\$)
TOTAL	

Signature: _____

Date: _____
Day / Month / Year

Year ended: _____

Source	Amount (A\$)
TOTAL	

Year ended: _____

Source	Amount (A\$)
TOTAL	

Year ended: _____

Source	Amount (A\$)
TOTAL	

Signature: _____

Date: _____
Day / Month / Year

Year ended: _____

Source	Amount (A\$)
TOTAL	

Signature: _____

Date: _____
Day / Month / Year

M. INFLUENCES, CONFLICT OF INTEREST AND DISQUALIFIED PERSONS

The Office of Liquor, Gaming and Racing must be advised of any matter which could be seen as having an undue influence on the outcome of a probity investigation or an application for a licence. Disclosures must also be made of persons with a potential conflict of interest.

- (i) Have you or any associates, or employees or representatives been involved in any lobbying, meetings, discussions or negotiations with any government official in regard to this probity investigation or, if applicable, this or any other application for a gaming licence?

*** YES / NO**

If **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.

Signature: _____

Date: _____
Day / Month / Year

CHECKLIST

Before submitting this form please complete the following checklist. If you are unable to complete the checklist you are advised that delays in processing the application may be experienced. You should advise when the outstanding matters are to be submitted.

I hereby certify I have:

- read the Instructions for Completion;
- signed each page of the form;
- answered all questions in writing;
- answered all questions completely;
- completed and signed the Certification (page 5) and Authority for Release of Information (page 6).

and attached the following:

- proof of identity;
- copy of current passports;
- copy of certificate of citizenship/naturalisation (if applicable);
- copy of last tax return and assessment notice;
- copy of tertiary qualifications (if applicable);
- copy of armed forces discharge papers (if applicable);
- copy of evidence of membership of any professional body;
- police report or clearance (if applicable);
- summary of work and business history;
- three (3) references;
- copies of trust financial statements (if applicable).

(Signature)

(Name)

(End)

Signature: _____

Date: _____
Day / Month / Year

AFFIDAVIT

I, *(full name)* _____

of *(address)* _____

do swear on oath/affirm *(delete as appropriate and initial)*:

- a. I have made all reasonable enquiries to ascertain the information to permit me to correctly complete this application.
- b. I have personally checked the correctness of all the answers given in this application.
- c. The answers are true and correct and I have not omitted any material matter in providing the answers.
- d. 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.

***SWORN/AFFIRMED AT** _____

ON THIS _____ **DAY OF** _____ **20** _____

BEFORE ME _____ _____

Justice of the Peace/Legal Practitioner *Applicant*

_____ _____

Full name of JP/Legal Practitioner *JP Reg. No.*

* Delete as applicable

Signature: _____ Date: _____
Day / Month / Year