



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: ____ / ____ / ____

Place of Birth (Town/City/Country): _____

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
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Residential Address	Period

Name of (proposed) Bookmaker: _____

What is Your Relationship with the Bookmaker (please tick (✓) appropriate selection):

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Director of a body corporate
<input type="checkbox"/> Member of a Partnership	<input type="checkbox"/> Shareholder of a body corporate
<input type="checkbox"/> Bookmaker's Manager	<input type="checkbox"/> Office bearer/holder of a position of authority in a body corporate

Title/Position: _____

2. 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
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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?
(If yes, please provide details below or attach a separate sheet if insufficient space)

YES	NO
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As Director

Company	Offence	Date	Place	Sentence/Penalty

As Shareholder

Company	Offence	Date	Place	Sentence/Penalty

3. Bookmaking Experience

Are you the person nominated as having knowledge of bookmaking activities and relevant obligations required under the Act?

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

YES	NO
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(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
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(If yes, please provide details below or attach a separate sheet if insufficient space)

Partnership / Company	Bookmaker Licence Number	Period

4. Employment Details

Present Employer

Name	Address	Position	Period

Previous Employers Over Past Ten Years

Name	State/Country	Position Held	Period	Reason for Leaving

5. 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?

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

YES

NO

Date	Company	Circumstances

6. 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: _____

7. Referees

PLEASE PROVIDE DETAILS OF TWO PEOPLE PREPARED TO ACT AS REFEREE
(NOT TO BE RELATED IN KIN)

Name	Address	Occupation	Daytime Telephone No.

8. 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