



Department of
Racing, Gaming and Liquor

LODGEMENT GUIDE FOR AN
APPLICATION TO APPROVE A PERSON IN A POSITION OF AUTHORITY OF
A BODY CORPORATE
Betting Control Act 1954

Background

Section 4(3) of the *Betting Control Act 1954* defines a person in a position of authority in a body corporate as a –

- director of the body corporate;
- person who exercises or exerts, or is in a position to exercise or exert, control or substantial influence over the body corporate in the conduct of its affairs;
- person in the case of a public company who has a controlling interest in the company; or
- person in the case of a proprietary company, is a shareholder in the company.

In determining whether or not to approve a person holding a position of authority in a body corporate that holds a bookmaker's licence, the Gaming and Wagering Commission must be satisfied that the person is –

- over 18 years of age;
- not an undischarged bankrupt;
- fit and proper;
- not a holder of a bookmaker's licence as a natural person;
- not in a position of authority in another body corporate that holds a bookmaker's licence; and
- not a member of a partnership that already holds a bookmaker's licence.

General Information

- A person is not to hold a position of authority in a body corporate without the prior approval of the Betting Control Board. Failure to comply with this requirement is an offence under the Act.
- The holder of a bookmaker's licence must advise the Gaming and Wagering Commission in writing within 7 days of any person who ceases to hold a position of authority in a body corporate. Failure to comply with this requirement is an offence under the Act.

Application Requirements

When lodging an application to approve a person in a position of authority or shareholding of a body corporate the following is to accompany the application -

- (i) The application fee (please refer to the fee schedule). Cheques are to be made payable to the **Gaming and Wagering Commission**.
- (ii) A *Personal Particulars* form (and specified requirements, eg Police Clearance Certificate, etc) for the individual seeking approval.

PLEASE NOTE THAT FAILURE TO PROVIDE ALL THE REQUESTED INFORMATION MAY RESULT IN A DELAY IN THE DETERMINATION OF THIS APPLICATION

3. Declaration

I/we declare that all the information provided in this form and in any supporting documentation is true and correct and understand that the provision of false and misleading information will constitute a breach of the *Betting Control Act 1954*.

The common seal of _____ was affixed by the authority of the Directors on ____/____/____.

Affix
Common
Seal Here

Signature of Director: _____ Name of Director (please print clearly)

Signature of Director: _____ Name of Director (please print clearly)

4. Fees

The application fee for lodgement is outlined in the fee schedule, available at www.rgl.wa.gov.au

Please ensure that Personal Particulars form accompanies this application form



PERSONAL PARTICULARS
Betting Control Act 1954

Purpose of Personal Particulars Form

The detail contained in a Personal Particular Form provides the Gaming and Wagering Commission of Western Australia with the necessary information to adequately assess the character, honesty and integrity of any person who is to be associated with a bookmakers' licence.

When is a Personal Particulars Form Required?

A Personal Particulars form is required to be completed on each of the following occasions:

- On the lodgement of an application for-
 - a bookmaker's licence; and
 - a bookmaker's manager licence;
- Whenever a person or a body corporate proposes to become a member of a partnership that holds a bookmaker's licence; and
- Whenever a person of a body corporate proposes to hold a position of authority* in a body corporate that holds a bookmaker's licence.

Who is Required to Complete a Personal Particulars Form When Applying for a Bookmaker's Licence?

Natural Person	Partnership	Body Corporate
<ul style="list-style-type: none"> • The applicant. 	<ul style="list-style-type: none"> • Each member of the partnership. • A person (if not a member of the partnership) proposed to be employed as the licensed manager for the conduct of the business of the licensed bookmaker. • Any other person the Gaming and Wagering Commission considers necessary. 	<ul style="list-style-type: none"> • All directors, office bearers and any other person in a position of authority within a body corporate. • A person (if not a person who holds a position of authority in a body corporate) proposed to be employed as the licensed manager for the conduct of the business of the licensed bookmaker. • Any other person the Gaming and Wagering Commission considers necessary.

If a member of a partnership, or a shareholder of a body corporate is a body corporate, those listed in the above table under "Body Corporate" will also be required to complete a Personal Particulars form.

*Note: Section 4(3) of the *Betting Control Act 1954* defines a person in a position of authority in a body corporate as a –

- director of the body corporate;
- person who exercises or exerts, or is in a position to exercise or exert, control or substantial influence over the body corporate in the conduct of its affairs;
- person in the case of a public company who has a controlling interest in the company; or
- person in the case of a proprietary company, is a shareholder in the company.

Instructions

- Any person completing a Personal Particulars form must be 18 years of age or over.
- **A current Police Clearance Certificate (not more than three months old) must accompany the Personal Particulars Form.**
- Personal identification (identifying your signature) must be sighted when your application is lodged. If lodging by post, please include a photocopy of your drivers' licence or other identification incorporating your signature.
- In order for the form to be considered by the Gaming and Wagering Commission the Authority/Declaration on the last page must be signed and dated by the person seeking approval.
- Instances where documents are attached providing additional information, each page of each attachment is to be signed and dated by the person seeking approval.
- Please tick (✓) the appropriate response for all Yes/No questions.

Section 6 – Statement of Assets and Liabilities

- The information provided at section 6 is to be attested by an accountant acceptable to the Commission. That is, a member of the Institute of Chartered Accountants, a member of CPA Australia or a member of the National Institute of Accountants.
- If you are an applicant for a bookmaker's manager licence you are not required to complete Section 6.
- Every question must be answered unless it is not applicable – if a question is not applicable please indicate with "N/A".
- Any omission or the provision of false or misleading information may contribute to the Commission's assessment of the applicant's honesty, integrity and character.
- This form must accompany an application for one of the following categories:
 - a bookmaker's licence;
 - a manager's licence; or
 - approval of a person in a position of authority in a body corporate, or membership of a partnership.
- Personal Particular forms (including required application forms and associated fees) can be lodged by post or in person to the following addresses:

By Post	In Person
Gaming and Wagering Commission PO Box 6119 EAST PERTH WA 6892	Level 2, Gordon Stephenson House 140 William St PERTH 6000

- Please note that failure to comply with any of the instructions set out above, may result in a delay in a determination by the Gaming and Wagering Commission.



**Department of
Racing, Gaming and Liquor**

POSTAL ADDRESS
Gaming and Wagering Commission
PO Box 6119
EAST PERTH WA 6892

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

YES	NO
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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
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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
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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
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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
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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
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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.

Signature of Accountant: _____ **Date:** _____

Please indicate your membership organisation:

A member of the Institute of Chartered Accountants

A member of CPA Australia

A member of the National Institute of Australia

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



**FEE SCHEDULE FOR BOOKMAKING AND RACING ACTIVITIES;
RACING AND WAGERING WA EMPLOYEES**

EXTRACT FROM *BETTING CONTROL REGULATIONS 1978*;
RACING AND WAGERING REGULATIONS 2003
EFFECTIVE AS FROM 1 JANUARY 2017

DESCRIPTION <i>(Please note: Fees are generally not refunded if an application is not approved)</i>	FEE
Application for a designated sporting event	\$48.00
Application for on-course telephone betting	\$69.00
Application for on-course internet betting	\$348.00
Application for approval to use a computer betting ledger system	\$74.00
<i>Application for Offshore Betting</i>	\$672.00
BOOKMAKERS	
• Bookmaker	\$702.00
• Bookmaker's employee licence/renewal	\$30.00
• Bookmaker's manager licence	\$171.00
• Renewal of bookmaker's manager licence	\$92.00
• Approval to become a member of a partnership that holds a bookmaker's licence	\$109.00
• Approval to occupy a position of authority in a body corporate that holds a bookmaker's licence	\$109.00
BOOKMAKERS' ANNUAL LICENCE FEE	
• On total turnover not exceeding \$250,000	\$393.00
• On total turnover greater than \$250,000 but not exceeding \$1,000,000	\$801.00
• On total turnover greater than \$1,000,000	\$1203.00
Fee for an appeal to the Commission in connection with a betting dispute	\$166.00
Fee on provision of a copy of a transcript of an appeal hearing, for each page	\$4.00
Fee on applying for the issue of a duplicate licence	\$30.00
ON COURSE TOTALISATOR ANNUAL LICENCE FEE	
• On total turnover not exceeding \$10,000	No fee
• On total turnover greater than \$10,000, but not exceeding \$160,000	\$48.00
• On total turnover greater than \$160,000	0.03%
	of the turnover for the year
RACING & WAGERING WESTERN AUSTRALIA EMPLOYEES	
• Director & Key Employee	\$461.00
• Renewal Director & Key Employee	\$127.00