

PHD

*Edition 1-3: 27 April 2006
Approved for use under the Authorised Betting Operations Act 2000
and the Racing (Proprietary Business Licensing) Act 2000*

STRICTLY CONFIDENTIAL



INDEPENDENT GAMBLING AUTHORITY

PERSONAL HISTORY DISCLOSURE (PHD)

.....
(Name of individual)

.....
(Name of applicant licensee)

.....
(Relevant Relationship)

.....
(Date completed)

**THIS DOCUMENT AND ITS CONTENTS WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE
MADE AVAILABLE TO AUTHORISED PERSONNEL ONLY**



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EXPLANATORY NOTES

In accordance with its statutory obligations, the South Australian Independent Gambling Authority (the "Authority") is required, from time to time, to conduct investigations into applicants and close associates proposed to be involved in the ownership, management or operation of a range of gaming activities including for example casino, gaming or racing.

The Authority, in carrying out its obligations is seeking to ascertain whether an applicant is a suitable person to be involved in particular gaming operations.

The forms, which follow, are designed to provide **preliminary information** to assist the Authority to form a view as to the suitability of an applicant. The accurate and timely completion of the following questionnaire is essential in order that the investigation and individual assessment can proceed. Applicants and close associates are hereby notified that investigations will be undertaken in conjunction with law enforcement agencies (State and Federal, and where relevant, overseas). Finger and palm prints and photographs will be required as part of this process. Further information may be sought from applicants and close associates, including information to be obtained from sworn interview. Information may also be sought from gaming or casino regulatory bodies, corporate and securities regulatory bodies and other relevant agencies as part of the probity investigation.

The term "company" used throughout this document is to be taken to mean "body corporate".

The term "body corporate" includes a body created by common law, a body created by statute, and a body incorporated by registration under statute, and in particular, includes a corporation sole and an incorporated partnership which is formed to develop, own or have a beneficial interest in the operations, administration or management of gaming or wagering business.

A reference to an associate includes a reference to:

- (a) a promoter of the body;
- (b) a relative, or de facto spouse, of such a promoter;
- (c) a relative of a spouse, or of a de facto spouse, of such a promoter;
- (d) a director or member of the body or of a related body corporate *;
- (e) a relative or de facto spouse, of such a director or member;
- (f) a relative of a spouse, or of a de facto spouse, of such a director or member;
- (g) a secretary or officer of the body corporate or of a related body corporate *;
- (h) a relative or de facto spouse, of such a secretary or officer;
- (i) a relative of a spouse, or of a de facto spouse, of such a secretary or officer;
- (j) a body corporate that is related to the first-mentioned body;
- (k) a beneficiary under a trust of which the first-mentioned body is or has at any time been a trustee;
- (l) a relative, or de facto spouse, of such a beneficiary;
- (m) a relative of a spouse, or of a de facto spouse, of such a beneficiary;



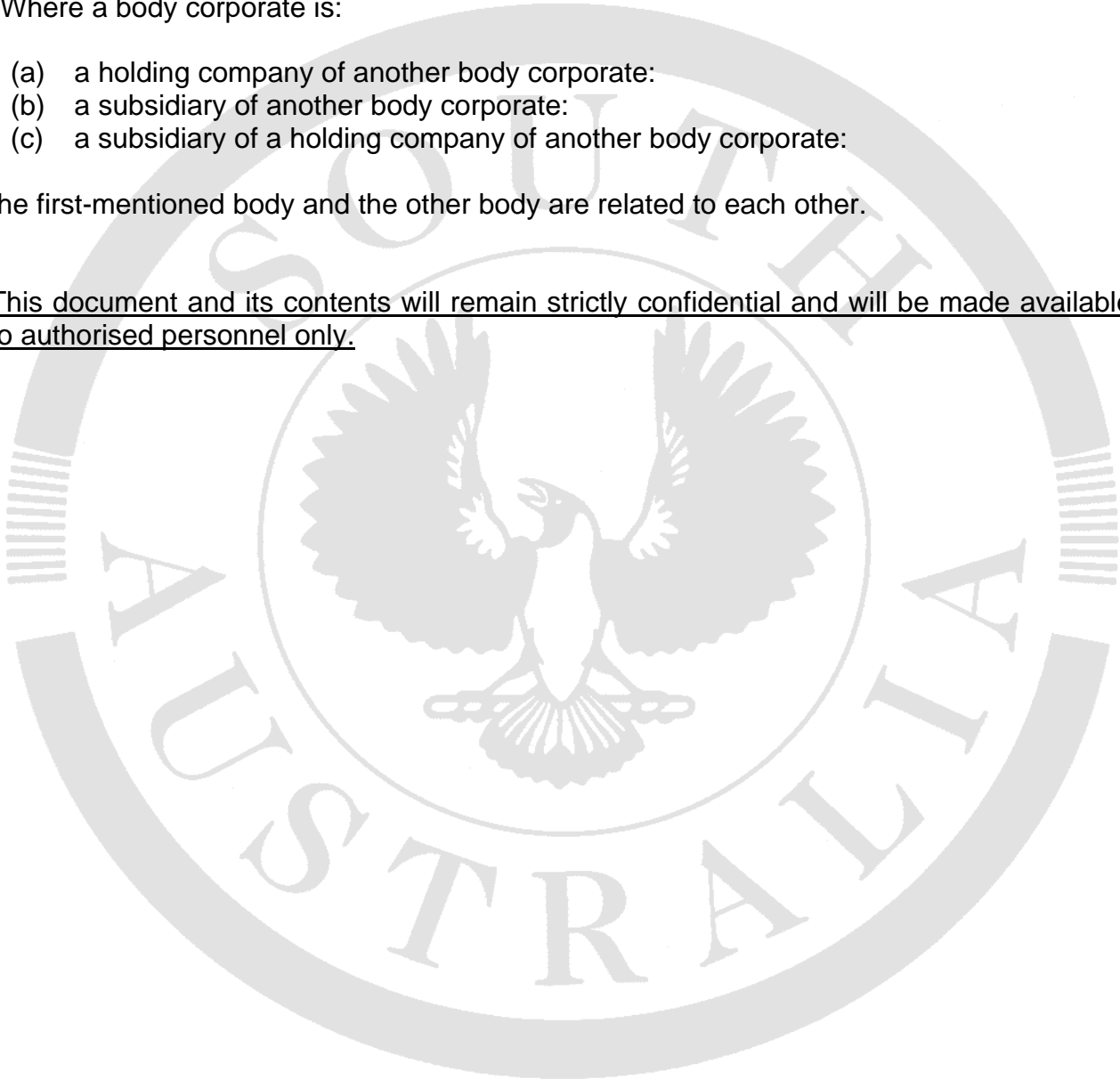
- (n) a body corporate one of whose directors is also a director of the first-mentioned body;
- (o) a trustee of a trust under which a person is a beneficiary, where the person is a related entity of the first-mentioned body because of any other application or applications of this definition.

*Where a body corporate is:

- (a) a holding company of another body corporate:
- (b) a subsidiary of another body corporate:
- (c) a subsidiary of a holding company of another body corporate:

the first-mentioned body and the other body are related to each other.

This document and its contents will remain strictly confidential and will be made available to authorised personnel only.





DIRECTIONS FOR COMPLETION AND LODGMENT

Before completing this form please read the following instructions carefully:

1. Enter a response to every question.
2. If a question does not apply to you state "N/A" in response to that question.
3. If there is nothing to disclose in reply to a particular question state "nil" in response to that question.
4. If the space available is insufficient please supply the required information on an attachment page.
5. When required to use an attachment page precede each answer thereon with the title applicable to that question.
6. All dates should be completed in the form: Day/Month/Year. i.e. 03 JUN 2001
7. Each page of this form and each attached page should be signed by the person completing the form in the space provided.
8. 3 passport size photographs (see 11) should accompany the form.
9. All amounts are to be recorded in Australian Dollars. Conversion from foreign currency should be made using current exchange rates and the basis of the conversion must be advised.
10. This PHD is to be completed in the English language. Any foreign language documents are required to have a certified English language translation appended.
11. In order to protect your privacy the PHD may be placed in a sealed envelope, sign over seal and then marked "Strictly Private and Confidential".

This form is to be completed for every director of the Applicant Company, its company secretary(s), and every executive employed as manager of gaming / wagering operations, chief financial officer, general manager or chief operating officer, irrespective of their actual titles.



PERSONAL HISTORY DISCLOSURE (PHD)

Title 1. PERSONAL INFORMATION

1A Mr
Mrs
Miss
Ms
Dr Surname First Name Middle Name(s)
Other

1B Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or otherwise, you have used or by which you have been known:
.....
.....

1C Present Residential Address:
.....
No. Street Suburb
.....
City/Town State Post Code
Present Business Address:
.....
No. Street Suburb
.....
City/Town State Post Code

1D Occupation (eg Solicitor).....

1E Contact:
Details Business Tel () Fax ()
STD Code STD Code
Home Tel ()
STD Code
Email



Title 1. **PERSONAL INFORMATION** (continued)

1F Date of Birth Sex Place of Birth (City, State, Country)
(M/F)
...../...../.....
Day Month Year

1G Physical Description
Height Colour of Eyes
Weight Colour of Hair
Complexion
Scars, Tattoos, or Other Distinguishing Marks

1H Are you an Australian Citizen? Yes No
If a naturalised citizen of Australia state date and place of naturalisation and
certificate number
.....
If a citizen of another country, state that country



Title 1. **PERSONAL INFORMATION** (continued)

1I Affix 3 passport size photographs here and print your name on the front bottom border of 1 of the photographs.

An adult witness must endorse and sign 1 photograph with the following "This is a true likeness of [insert full name of applicant]".

.....
(Signature of Witness)

Name and Address of Witness

.....
.....
.....
.....

Number of years you have known the applicant.....

1J Are you the holder of a Current Driver's Licence? Yes No

Date and Place of Issue

Licence No.

1K Have you been fingerprinted within the last 5 years? Yes No

Date and Place of fingerprinting.....



Title 2. MARITAL AND/OR PARTNER INFORMATION

2A What is your Marital Status?

Particulars of Marriage (where applicable)

.....
Date City/State/Country

Partners* full name

Partners maiden name (where applicable)

Date of birth of partner:/...../.....
Day Month Year

Place of birth of partner

2B Partner's Residential Address

.....
No. Street Suburb

.....
City/Town State Postcode

Partner's employer

Partner's occupation

* Partner includes your spouse or anyone with whom you are living with in a domestic relationship.



Title 3. FAMILY PARTICULARS

3A Father:
 Surname First Middle

 Date of Birth:/...../..... Usual Occupation:.....
 Day Month Year

 Mother
 Surname First Middle

 Date of Birth/...../..... Usual Occupation

3B Brothers and Sisters: List all, including half/step brothers and sisters. Show relationship of each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	Occupation
1.					
2.					
3.					
4.					
5.					

3C Children: List all, including step or adopted children. Show relationship of each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	Occupation
1.					
2.					
3.					
4.					
5.					



Title 4. EDUCATION

4A State the highest level of education you have obtained, the name and address of the institution at which it was obtained and the year it was attained.

.....
.....
.....

4B State the name and address of the last educational institution you attended and the last year you attended (if different to answer 4A).

.....
.....
.....

4C State your Professional Qualifications (if any).

.....
.....



Title 5. ARMED FORCES INFORMATION

Have you ever served in any Armed Forces? Yes No
If YES, complete the following:-

Country	Arm of Service
Branch	Date of Entry/...../.....
Date of Discharge/...../.....	Type of Discharge
Rank at Discharge	Serial Number

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, furnish details on an attachment page.



Title 6. PASSPORT AND TRAVEL INFORMATION (if applicable)

6A Passport Number

 Country

 Place of Issue

 Date of Issue

 Date of Expiry

6B If you are an Australian citizen or permanent resident, have you travelled out of Australia during the past 3 years? If yes, complete the following:

Date of Departure	Date of Return	Period Abroad	Country/ies Visited	Reason for Travel



Title 7. ARRESTS, DETENTIONS AND LITIGATION

Please note: In your answers to Title 7 you should:

1. Include custodial and non-custodial conviction dispositions, such as adjourned bonds.
2. Not include minor traffic offences such as speed infringements or offences where the penalty was an "on the spot" fine.
3. If in doubt include the offence and provide as much detail as you are able to.

7A Have you ever been, in South Australia or elsewhere:

- (i) convicted or found guilty of an offence? Yes No
- (ii) arrested, detained, charged or summoned before a Court to answer for any offence or violation for any reason whatsoever (Except MINOR traffic offences) regardless of the result of the event?
 Yes No

If YES, to either question, give details in space provided below. List all cases without exception.

Nature of Offence	Age at time of Offence	State	City or Town	Date of Offence	Result of Hearing or Other Disposition

7B Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? Yes No

If YES furnish details on an attachment page.

7C Has a judgment (i.e. a order to pay money) ever been made against you by a court? Yes No

If YES furnish details on an attachment page.



Title 7. **ARRESTS, DETENTIONS AND LITIGATION** (continued)

7D Have your salary, wages, earnings or other income been subject to garnishee order, attachment or the like? Yes No

If YES furnish details on an attachment page.

7E Have you ever had any article repossessed by a finance company or the like? Yes No

If YES furnish details on an attachment page.

7F Has your partner (as listed in Title 2) or any member of your family (as listed under Title 3) ever been, in South Australia or elsewhere, convicted or found guilty of an offence (except minor traffic offences)? Yes No

If YES, complete the following:

Name	Relationship	Age at time of Offence	Charge	Location	Date of Offence	Result of Hearing



Title 8. RESIDENCES

List all addresses at which you have been permanently resident over the last 10 years beginning with your current address and working backwards.

Month & Year (from - to)	Street and Number	Suburb	City	State	Country



Title 9. EMPLOYMENT

9A Beginning with your current employment, list your work history during the last 10 years.

(i)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(ii)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(iii)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(iv)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(v)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor



Title 9. **EMPLOYMENT** (continued)

(vi)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(vii)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(viii)

Month and Year (from - to)	Name/Mailing Address of Employer/Business	Reason for Leaving
Job Title	Description of Duties	Name of Supervisor

(If space insufficient, use an attachment page)

9B

Have you ever been dismissed, discharged or asked to resign from any employment?

Yes No

If YES, complete the following:-

Date	Name and Address of Employer	Supervisor's Name	Reason for Dismissal, Discharge or Resignation

(If space insufficient, use an attachment page).



Title 9. EMPLOYMENT (continued)

9C Directorships and Business Affiliations: List all corporations, partnerships, joint ventures or any businesses with which you have been associated and in which you actively participated in the management or operation thereof as a director, partner or in any other capacity during the last 5 years.

.....
.....
.....
.....

(If space insufficient, use an attachment page).

9D Have you previously been engaged in employment (including self-employment) in the casino, gaming, racing or wagering industry?

Yes No

If YES show below detailed particulars of such employment.

Dates from - to	Name and Address of Employer	Position and Licence Number (if any)	Name of Manager	Reason for Leaving



Title 10. CHARACTER REFERENCES

Nominate 3 persons (excluding business partners and staff) who are not related to you and who have known you for at least the last 5 years. Referees may be asked to appraise your character and reputation.

1. Surname First Middle.....
 Address
 Occupation
 Telephone (.....) Years known
 STD code

2. Surname.....First Middle.....
 Address
 Occupation
 Telephone (.....) Years known
 STD code

3. Surname First Middle.....
 Address
 Occupation
 Telephone (.....) Years known
 STD code



Title 11. FINANCIAL INFORMATION

11A Have you ever become a bankrupt or taken advantage of laws relating to bankruptcy or insolvency? Yes No

If YES, furnish particulars on an attachment page.

11B STATEMENT OF ASSETS

As at19.....
(i.e. date of this Statement or whatever date within 12 months of this Statement is convenient)

Include all assets in which a direct or indirect interest is held by you, your partner or dependent children.

Note: Describe fully. If additional space is required use attachment pages.

CURRENT ASSETS

Cash in .....	.....	.....	\$.....
Financial Institution	Branch	Account Number	
Cash in .....	.....	.....	\$.....
Financial Institution	Branch	Account Number	
Cash in .....	.....	.....	\$.....
Financial Institution	Branch	Account Number	
Cash in .....	.....	.....	\$.....
Financial Institution	Branch	Account Number	
Cash in .....	.....	.....	\$.....
Financial Institution	Branch	Account Number	

Cash otherwise held\$.....
.....\$.....



Title 11. **FINANCIAL INFORMATION** (continued)

11B Statement of Assets (continued)

Accounts Receivable

..... \$

..... \$

Other current assets (give details)

..... \$

..... \$

INVESTMENTS (other than land) Shares, Bonds, Debentures, Notes etc including those held through a beneficial trust.

Company	Type	No. held	Year of Acquisition	Total Acquisition Cost \$	Estimated Market Value \$

Investments, other than those listed above

Description	Total Acquisition Cost \$	Estimated Market Value \$



Title 11. **FINANCIAL INFORMATION** (continued)

11B Statement of Assets (continued)

LAND ASSETS

Real Estate (own residence and investment properties)

Location, size and description	% of ownership interest	Year of Acquisition	Acquisition Price \$	Estimated Market Value \$



OTHER ASSETS

Sole Proprietorships, partnership interests, joint ventures, motor vehicles, caravan, boat, furniture, jewellery etc

Full Description	% of ownership interest	Acquisition Cost \$	Estimated Market Value \$

TOTAL ASSETS

\$.....



Title 11. **FINANCIAL INFORMATION** (continued)

11C **STATEMENT OF LIABILITIES**

As at19.....
(i.e. date of this Statement or whatever date within 12 months of this Statement is convenient. This date must be the same as that chosen for Statement of Assets.)

Note: Describe fully, indicating secured liabilities. If additional space is required use attachment pages.

Include all liabilities including those of your partner and dependent children.

LONG TERM LIABILITIES (including Mortgages)

.....
Borrower's Name Financial Institution Branch \$.....
Loan Value

Due Date/...../..... Monthly Repayment.....

.....
Borrower's Name Financial Institution Branch \$.....
Loan Value

Due Date/...../..... Monthly Repayment.....

.....
Borrower's Name Financial Institution Branch \$.....
Loan Value

Due Date/...../..... Monthly Repayment.....

Other Long Term Liabilities (Indicate name and address of Lender or Creditor) and repayment details

..... \$.....

..... \$.....

..... \$.....

..... \$.....

..... \$.....



Title 11. **FINANCIAL INFORMATION** (continued)

CURRENT LIABILITIES (Indicate name and address of Creditor)

..... \$.....
..... \$.....
..... \$.....
..... \$.....

OTHER LIABILITIES

..... \$.....
..... \$.....

TOTAL LIABILITIES

\$.....

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

.....

11D **CHANGES TO ASSETS AND/OR LIABILITIES**

Please indicate below any significant changes that have occurred to your assets or liabilities since the statement was prepared.

.....
.....
.....
.....

(If space insufficient, use an attachment page).



11E SOURCE OF FUNDS

Provide copies of relevant Australian Taxation Office (or overseas equivalent) Notice of Assessment as evidence of last 5 years of income for you and your spouse/partner.

Where a Notice of Assessment (or similar) has not been received for the current financial year please detail all sources of income and allowable deductions to derive taxable income in the space below:

Year ended	Source	Amount
.....	\$.....
.....	\$.....
Gross Assessable Income.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
Less Allowable Deductions.....	\$.....
.....	Taxable Income	\$.....



Title 12. INDUSTRY EXPERIENCE

12A Describe your current or proposed role in the applicant's operations.

.....
.....
.....
.....
.....

12B Provide brief details of any management experience you have had in the casino or gaming or wagering industries.

.....
.....
.....

12C Have you ever been refused employment or licensure in the Casino or Gaming or Wagering Industry, or been disciplined by a Government Regulatory body? Provide details of any licence granted by a casino or gaming or wagering regulatory authority.

Yes No Provide Details of any licensure grant, denial or disciplinary action

.....
.....
.....
.....

12D Are there any potential conflicts of interest or probity issues which could affect the public perception of your suitability to be involved in the management or operation of the gaming business?

.....
.....
.....
.....



Title 13. BUSINESS HISTORY

13A List present and past memberships (within the past 5 years) of professional bodies.

BODY

PERIOD

.....
.....
.....
.....
.....

13B Have you ever been investigated or disciplined by a professional body for ethical misconduct or any other breach of regulations?

Yes

No

If yes, provide details :

.....

.....

.....

13C Have you ever been directly involved in the management of any company that has been placed in liquidation, or receivership, a scheme of arrangement or a formal administration (eg. Agent for Mortgagee appointed)? Include any pending arrangements.

Yes

No

If yes, provide details :

.....

.....

.....

13D Have you ever been denied a licence by a Government regulatory authority, or had that licence revoked, suspended or withdrawn ?

Yes

No

If yes, provide details :

.....

.....

.....



Title 14. GOVERNMENT INVESTIGATIONS

14A Have you ever been disqualified from acting as a director of a company under any provision of current or previous Australian Corporations and Securities Legislation (or overseas equivalent)?

Yes No If yes, provide details giving reasons for disqualification

.....
.....
.....
.....
.....

14B Are you or have you ever been under investigation by the Australian Securities and Investments Commission (ASIC) or any other Government authority to your knowledge? (For overseas residents refer to any equivalent government investigations)

Yes No If yes, provide details :

.....
.....
.....
.....
.....

14C Have you ever been associated with a company that is currently, or has been, under investigation by the ASIC or any other Government authority to your knowledge? (For overseas residents refer to any equivalent government investigations)

Yes No If yes, provide details :

.....
.....
.....
.....

(If space insufficient, use an attachment page)



Title 15. CREDIT HISTORY

Australian resident respondents should provide an original copy of their individual credit information file from Credit Advantage Limited (CAL). This file contains information on your individual consumer and commercial credit activities and matters of public record. Foreign residents should respond to these questions by providing a copy of their local credit history file (if available).

Australian residents should make a signed written application to obtain this file to:

Public Access Division	Telephone: 1300 762 207
Credit Advantage Limited	Fax requests to:(02) 9951 7880
P.O. Box 964	Email: assist.au@baycorpadvantage.com

NORTH SYDNEY NSW 2059

Visit www.secure.creditadvantage.com.au for more details.

You should provide your full name, current residential address, former residential address (if moved in the last 5 years), date of birth, driver's licence number and the reason for your request (personal) to CAL. CAL legally must provide a copy of your file at no cost to you and this should take about 2 weeks. **Do not delay lodgment of this PHD awaiting your CAL file. It can be provided separately at a later date, although it should be ordered immediately.**

15A Are you currently in default in payment of any debts incurred solely or jointly in your name. Please refer to your CAL file (if available) in answering this question.

Yes No If yes, complete the following:-

Financial Institution or Creditor	Total Amount Owing (\$)	Total Amounts in Default (\$)	No of Days Payment is Overdue
.....

15B Have you ever been refused credit or been the subject of an adverse credit rating report? Please refer to your CAL file (if available) in answering this question.

Yes No Provide Details

.....





South Australia

STATUTORY DECLARATION

I,

(Full Name)

of

(Address)

Do solemnly and sincerely declare as follows:

- (a) I am the person identified in question 1A of this form.
(b) I have personally completed this form or have supplied all the information indicated herein.
(c) I occupy the position of...in... a company involved/intending to be involved in the ownership and/or operation of the ...
(d) I certify that the particulars contained herein are true and correct in every detail and fully disclose the information required to complete this form.

And I make this solemn declaration consciously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

Declared and Subscribed)

at)

this.....day of.....20....)

(Signature)

Before me Commissioner for taking Affidavits in the Supreme Court of any state or territory of Australia or Notary Public or a Justice of the Peace of any state or territory of Australia *

Name and Address of Witness:

.....
.....
.....

*Strike out whichever is not applicable.



Independent Gambling Authority Release Authorisation

To: All courts, probation departments, employers, educational institutions, banks, auditors, financial and other institutions, all agencies - Federal, State and Local, without exception both foreign and domestic and to whomsoever else this authorisation may be duly presented.

From:.....
(Surname) (Other Names)

.....

.....
(Address)

Date of Birth: ___/___/___ Telephone (H)

Telephone (W)

Reference:.....
(Name of Company intending to be involved in the ownership, management and/or operation of the casino/gaming/wagering business)

As a requirement of the above named Company making an application for a licence in South Australia, I agree to allow the South Australian Independent Gambling Authority ("the Authority") and the South Australian Police to conduct an investigation into my background.

I **HEREBY AUTHORISE** the Director of the Authority or a person acting in that position and the Commissioner of Police-South Australia (the "Commissioner") or any person authorised by an original letter of authority signed by either of them ("an Authorised Officer"), to have access to inspect and obtain copies of:

- (a) any credit report, other report, legal or commercial information derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me;
- (c) any records relating to investigations of my activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies or any gaming or casino regulatory bodies;
- (d) any court records relating to any present or past civil or criminal court proceedings to which I am or have been a party; and
- (e) any other document, record or correspondence reasonably related to these probity investigations.



You are **HEREBY AUTHORISED** to release to the Director of the Authority or a person acting in that position or the Commissioner or an Authorised Officer, all the documents, reports, records and information requested by any of them.

This Authorisation shall supersede and countermand any prior request or authorisation to the contrary. A photocopy of this Authorisation will be considered as effective and as valid as the original.

One of the purposes for which this Authorisation has been given is to satisfy Section 18N(1)(ga) of the Privacy Act 1988 which prevents personal and private information about me being disclosed to another party unless I have provided authorisation in writing to allow the disclosure.

Signature: Witness.....

Date:
.....
(Name of Witness)

.....
(Address of Witness)

