

DATE STAMP	Office use only	Application Number:	
		Responsible Officer	
		Licence Number	
		Venue Number	

DECLARATION

To be completed by the Key Person:

I, _____ of _____
full name *place of abode and occupation*

solemnly and sincerely declare that:

- All the details entered in, or provided with, this Class 3 and Class 4 Key Person Application Personal Information form are true and correct to the best of my knowledge.
- I understand that if I have provided information that is materially false or misleading, the society may have its licence cancelled or not renewed.
- I have read and understood the relevant regulatory requirements. If needed, I have obtained/will obtain legal advice to ensure compliance with these requirements.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at _____ this _____ of _____
place *day* *month* *year*

Signature _____

Before me _____
full name

Signature _____
Solicitor, Justice of the Peace or other person authorised to take a statutory declaration

Class 3 and Class 4 Key Person Application Gambling Act 2003

Personal Information GC5

NEW KEY PERSON APPLICANTS please complete **PART A** and **PART B** of this Personal Information Form.

Please only complete PART A of this Personal Information Form if the following applies to you:

You have previously completed and submitted a Personal Information Form to the Department of Internal Affairs for the purposes of the Department assessing your suitability to be involved in the conduct of gambling in New Zealand under the Gambling Act 2003; **AND**

Since completing and submitting that Personal Information Form your personal situation and personal details have not changed in any manner that may affect a reassessment of your suitability by the Department to be involved in the conduct of gambling in New Zealand under the Gambling Act 2003.

Please also ensure that you complete and return the Declaration on the front of this form.

Privacy Act 1993: The particulars in this form which relate to individuals are personal information under the Privacy Act. This information is required so that the Department of Internal Affairs can consider the society's application under the Gambling Act 2003.

The information will be held by the Department of Internal Affairs and may also be disclosed to the Police and other agencies both national and international subject to the Criminal Records (Clean Slate) Act 2004. Any person about whom information is collected has the right of access to, and correction of, that information.

The information you have provided in this form, and that which is obtained from other sources is to assist in determining your suitability to be involved in the conduct of gambling in New Zealand.

Warning about false or misleading information - Applicants completing this Personal Information Form should be aware that action may be taken should information be supplied that is false, misleading or incomplete in a material particular. Persons who submit false or misleading information may not be assessed as suitable to be involved in the conduct of gambling. Where a licence is issued and it is subsequently found that full disclosures had not been made in relation to the licensee or its key persons or that false or misleading information had been provided, the licence may be suspended or cancelled.

If your personal situation or details have changed since you last submitted a Personal Information Form you must also complete PART B of this Personal Information Form

Part A Personal details

Title <i>please tick</i>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname/Family Name					First Names				
Other names by which you are, or have been known									
Surname/Family Name					First Name/s			Title	
Surname/Family Name					First Name/s			Title	
Preferred Surname/ Family Name					Preferred First Name				
Occupation									
Daytime Phone ()					Evening Phone ()				
Fax ()					Mobile ()				
Email					Web Address				
Preferred Contact Method <i>please tick</i>									
			<input type="checkbox"/> Evening Phone	<input type="checkbox"/> Daytime Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email		
Date of Birth					Town/City of Birth				
Country of Birth									
Residential Address									
<i>Suburb</i>					<i>Town/City and Postcode</i>				
Postal Address									
<i>if different from above</i>									
<i>Suburb</i>					<i>Town/City and Postcode</i>				

Society/Venue Details

Your role in relation
to Society

Society Name

Society Number

Your role in relation
to Venue (*Class 4 venue only*)

Venue Name

Venue Address

Street and Number

Suburb

Town/City and Postcode

Reapplying Key Person applicants ONLY

Certification

I certify that from

insert date of completion of last PI form or the last licence renewal date

my personal situation or details have not changed in any manner that may affect a reassessment of my suitability by the Department of Internal Affairs to be involved in the conduct of gambling in New Zealand under the Gambling Act 2003.

Signed

Date

ALL key person applicants, including those who are REAPPLYING must also complete and sign the AUTHORISATION section on page 3.

NEW applicants MUST ALSO complete Section B and where applicable Section C.

ALL Key Person Applicants to Complete

Authorisation

I hereby authorise the Department of Internal Affairs to make or cause to be made, in New Zealand, or internationally whatever enquiries that the Department considers necessary to assess and continue to assess my suitability to be involved in the conduct of gambling in New Zealand under the Gambling Act 2003.

I authorise any agency, or officer of any law enforcement agency or regulatory body in any jurisdiction to whom a copy of this authority is presented to release to the Department of Internal Affairs any information which relates to me, including information relating to my personal and criminal history for the purposes of assessing my suitability to be involved in the conduct of gambling in New Zealand under the Gambling Act 2003.

I authorise the Department of Internal Affairs if requested by any officer of any law enforcement agency or regulatory body in any jurisdiction to release any personal information to that agency for the purposes of assisting that agency to assess my suitability to be involved in the conduct of gambling in that jurisdiction. The release of personal information is subject to an agreement in writing between the Department of Internal Affairs and that agency.

I certify that:

- I have personally completed this form and have supplied all the information indicated;
- All of the information provided in Part A and Part B of this Personal Information Form is true and correct; and
- I have not provided any information that is false or misleading.

Surname/Family Name

First Name(s)

Title

Other Surname(s)/
Family Name(s)

Other First Name(s)

Date of Birth

Signed

Date

Part B

Key Persons

When considering a class 3 or class 4 gambling licence application the Secretary for Internal Affairs has the power to assess the suitability of key persons who are involved in the conduct of that gambling. Personal Information applications for each key person in relation to that licence holder or applicant must accompany the licence application.

The Gambling Act 2003 authorises the Department of Internal Affairs to make an assessment of the suitability of people involved in a gambling operation as part of considering a licence application.

In assessing or reassessing a person's suitability to be involved in the conduct of gambling the Department is required to take into account criteria such as:

- Your criminal history, including any relevant convictions
- Your profile of past compliance with gaming legislation
- Your financial history
- Your financial position
- Your character and business reputation
- Any relevant matter raised in Police reports, or reports from other law enforcement agencies; and
- Other relevant matter.

The Department may also take into account matters of a similar nature that occurred outside New Zealand.

The Department will make an assessment of your suitability. If the Department assesses that you are suitable the Department will continue to reassess your suitability when it receives information that may indicate your suitability status has changed. If the Department's assessment finds you unsuitable to be involved in the conduct of gambling in New Zealand the Department will propose to decline, cancel, or sanction the particular licence holder or applicant to which the application relates. The licence holder or applicant has the right to make submissions to the Department, which the Department will consider before making a final assessment. The licence holder or applicant (and in the case of a class 4 venue, the venue manager and venue operator) will have the right of appeal to the Gambling Commission.

CLASS 3 GAMBLING

To apply for a NEW Licence to Conduct Class 3 Gambling the following KEY PERSONS MUST complete this form:

- the organiser/co-ordinator of the gambling
- all officers of the society or corporate society applicant, including:
 - president
 - vice-president
 - chairman
 - secretary
 - treasurer
- anyone who exercises significant influence in the management of an applicant society.

(These key persons must be named on the Application to Conduct Class 3 Gambling)

CLASS 4 GAMBLING

To apply for a NEW Class 4 Gambling Licence the following KEY PERSONS MUST complete this form:

- a) For an application for a NEW Class 4 Operator's Licence
 - a trustee or other officer of the applicant corporate society
 - the chief executive (or a person who performs that function) of the applicant corporate society
 - anyone who exercises significant influence in the management of an applicant society
 - a person who works for an organisation that exercises significant influence in the management of an applicant society, e.g. a management company.

Significant influence may include but is not limited to:

- the power to make decisions that would normally be made by the trustees, officers or senior management of the corporate society
- the power to appoint trustees, officers or senior management or to alter the society's constitution
- influencing the grants decision-making process.

b) For an application for a NEW Class 4 Venue Licence

- a venue manager
- a venue operator
- a person who is a director, shareholder, chief executive or senior manager of a venue operator
- anyone who has a significant interest in the management, ownership or operation of a venue operator.

Significant interest may include but is not limited to:

- financial or ownership interest in the venue (e.g. a shareholding)
- undertaking responsibilities or duties that would normally be undertaken by the venue manager
- the power to make decisions that would normally be undertaken by the venue manager.

(These key persons must be named on the relevant class 4 operator's or venue licence application.)

Class 3 and Class 4 Gambling:

- If any of the key people have changed, the society must submit an amendment application together with the relevant Personal Information Form(s).
- Please note that the Department may require anyone it reasonably believes to be a key person in relation to the relevant application to complete a Personal Information Form. For example, the Department may consider contracted management companies or other organisations which maintain relationships with the society, as well as any person related to these companies and organisations, to be key persons.

B. Personal History

If you answer Yes to any of the following questions, give full details in space provided (below):

B.1 Have you ever been refused a Gambling or Liquor Licence or had a Gambling Licence cancelled or not renewed?

No Yes

Date _____ Organisation _____

Details _____

Continue on separate page if necessary

B.2 Have you been a member of an executive committee of a group or organisation which has been refused a Gambling or Liquor Licence, or had a Gambling Licence cancelled or not renewed?

No Yes

Date _____ Organisation _____

Details _____

Continue on separate page if necessary

B.3 Have you ever been disqualified or prohibited from being a director, or taking part in the management of a company in New Zealand or elsewhere?

No Yes

Date _____ Company _____

Country _____

Details _____

Continue on separate page if necessary

B.4 Are you or have you been directly or indirectly involved in the management of any company that is, or was, at any time, in receivership or liquidation?

No Yes

Date _____ Company _____

Country _____

Details _____

Continue on separate page if necessary



If so please attach a copy of the liquidator's report

B.5 Are you, or have you ever been, bankrupt, or subject to any order or arrangement under the bankruptcy or insolvency laws of any country?

No Yes

Date _____ Country _____

Details _____

Continue on separate page if necessary



If yes, please attach a copy of official assignee's final report

B.6 Have you ever been convicted of a criminal offence in any country (subject to the Criminal Record (Clean Slate) Act 2004)?

No Yes

Date _____ Country _____

Offence _____

Continue on separate page if necessary

B.7 Have you ever breached the Gambling Act 2003, Gaming and Lotteries Act 1977, Racing Act 2003 or Racing Act 1971 subject to the Criminal Record (Clean Slate) Act 2004?

No Yes

Date _____ Breach _____

Details _____

Continue on separate page if necessary

Note: For more information on the Criminal Record (Clean Slate) Act 2004 go to www.justice.govt.nz

C. Key People in Relation to a Class 4 Venue Licence: Venue Manager or Venue Operator ONLY

If you are a venue manager or venue operator in relation to a Class 4 Venue Licence, please provide the following information. Otherwise, move on to the "Authorisation/Declaration" on **PART A** of this form.

Please note that 'venue operator' includes directors and shareholders of a venue operator company.

Please state:

C.1 Your experience in Class 4 Gambling (do not include your personal gambling):

C.2 Your work history in the gambling industry:

C.3 Your qualifications:

C.4 Please provide names and contact details of people prepared to provide character references (do NOT attach references):

Name

Daytime contact number

Name

Daytime contact number

Name

Daytime contact number

Name

Daytime contact number

Checklist - please tick



Please send the following TO YOUR APPLICANT SOCIETY:

- this completed Personal Information form
- copy of the liquidator's report (if applicable)
- copy of official assignee's final report (if applicable)

Return of Completed Form

Please RETURN this Key Person Personal Information form TO YOUR APPLICANT SOCIETY.

To find out more, visit our website www.dia.govt.nz and click on 'gambling'
or call us toll free on 0800 257 887.