

Licensed Promoter's Key Person's Information

Gambling Act 2003

GC10

Office use

Application Number

Responsible Officer

DATE STAMP

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, 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.

To obtain a licensed promoter's licence, completed Licensed Promoter's Key Person's information forms must accompany the licence application.

Each part of this form must be completed by the person named in Section B.

If this form is incomplete it will be returned to the applicant without being processed. Please also ensure that you complete and return the Declaration on page 7 of this form.

PLEASE PRINT CLEARLY.

A. Key Persons

Key persons in relation to a licensed promoter's licence are

- An applicant if an individual.
- The director of a company that is an applicant for, or holder of, a licensed promoter's licence.
- Officers of a company that is an applicant for, or holder of, a licensed promoter's licence, including directors and shareholders of the applicant company and directors and shareholders of any shareholding company.
- The chief executive (or person who performs that function) of a company that is the applicant for, or holder of, a licensed promoter's licence.
- Any person including spouse, partner or family member who exercises significant influence in relation to an individual who is the applicant for, or holder of, a licensed promoter's licence.

A. Licensed Promoter's Details

Name of licensed promoter _____

Physical address of licensed promoter's registered office

Suburb

Town/city

B. Personal Details

Title *please tick*

Mr

Mrs

Miss

Ms

Other

Gender Male

Female

Last name _____

All first names _____

Other names by which you are, or have been, known

Last name _____

All first names _____

Last name _____

All first names _____

Preferred name _____

Role or relationship to the licensed promoter _____

Occupation _____

Daytime Phone () _____

Evening Phone () _____

Fax () _____

Mobile () _____

Email _____

Web Address _____

Preferred contact method *please tick*

Daytime phone

Evening phone

Fax

Mobile

Email

Date of Birth

Country of Birth

Residential address

Suburb

Town/city

Postal address
if different from above

Suburb

Town/city

C. Personal History

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

C.1 Have you ever been refused a licensed promoter's licence? (If yes please provide date)

No

Not applicable

Yes

Date

Details

C.2 Have you ever had an objection lodged against your application for a licensed promoter's licence? (If yes please provide date)

No

Not applicable

Yes

Date

Details

C.3 In the last 5 years has a renewal of your licensed promoter's licence been refused?

No Not applicable Yes Date

Details

C.4 Have you been a member of a company which has been refused a licensed promoter's licence?

No Yes Date Company

Details

C.5 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

Details

C.6 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

Details *including your role in the company*



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

C.7 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



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

C.8 Have you ever been convicted of a criminal offence in any country (subject to the Criminal Records (Clean Slate) Act 2004)?

No Yes Date _____ Country _____

Offence Details

C.9 Have you ever breached the Gambling Act 2003, Gaming and Lotteries Act 1977, Racing Act 2003 or Racing Act 1971 or any rules of racing (subject to the Criminal Records (Clean Slate) Act 2004)?

No Yes Date _____ Breach _____

Details

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

D. Character Witnesses

Please provide names and contact details of two people prepared to provide testimonials as to your character and fitness in relation to your activities and involvement with a licensed promoter's licence. Character witnesses must not be a relative, reside at the same address as the applicant or be involved in or in a position of influence to the licensed promoter or the activity of licensed promoting.

These people may be contacted by the Department of Internal Affairs to provide a written testimonial if required.

D. Character Witnesses

Character Witness 1

Title *please tick* Mr Mrs Miss Ms Other Gender Male Female

Last name _____ All first names _____

Relationship to the applicant _____

Other names by which you are, or have been known

Last name _____ All first names _____

Last name _____ All first names _____

Preferred name _____

Occupation _____

Daytime phone () _____ Evening phone () _____

Fax () _____ Mobile () _____

Email _____ Web address _____

Preferred contact method *please tick* Daytime phone Evening phone Fax Mobile Email

Date of birth _____ Country of birth _____

Residential address _____

Suburb _____ Town/city _____

Postal address *if different from above* _____

Suburb _____ Town/city _____

Character Witness 2

Title *please tick*

Mr Mrs Miss Ms Other

Gender Male Female

Last name

All first names

Relationship to the applicant

Other names by which you are, or have been known

Last name

All first names

Last name

All first names

Preferred name

Occupation

Daytime phone ()

Evening phone ()

Fax ()

Mobile ()

Email

Web address

Preferred contact method *please tick*

Daytime phone Evening phone Fax Mobile Email

Date of birth

Country of birth

Residential address

Suburb

Town/city

Postal address

if different from above

Suburb

Town/city

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 Licensed Promoter's Key Person's 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 Licensed Promoter 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



Checklist - please tick

To complete this application please attach:

Liquidator's report (if applicable)

Copy of official assignees final report (if applicable)

Return of Completed Form



Please attach this completed licensed promoter's key person's information form to the Licensed Promoter's Licence Application.

Please return your completed application to:

**Gambling Licensing Unit
Department of Internal Affairs
PO Box 10-095
Wellington 6143**

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