

# Group Commission Organiser / Representative Application

Gambling Act 2003

Office use only

DATE STAMP

Application Number:

Responsible Officer:

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 application under the Gambling Act 2003. The information will be held by the Department of Internal Affairs and may also be disclosed to the New Zealand 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.

Please complete this form, enclose all required documentation then return the application to the Casino Operator. You must include a Police clearance. If a Police clearance is unavailable in your country, complete Section I of this form. If this application is incomplete or illegible it will be returned to you without being processed. If space for any answer is insufficient please continue on a separate sheet.

Please write clearly in English.

## Who Needs Approval?

Any Individual who wishes to organise a group commission programme at a New Zealand casino must enter into a written agreement with that casino specifying the conditions, which will apply to the programmes.

These agreements require approval from the Secretary of the Department of Internal Affairs under the Gambling Act 2003 section 181.

To assist the Department of Internal Affairs with the consideration of the agreement, Organisers and where applicable their nominated Representatives (who may perform the functions of the Organiser in his/her absence) are required to complete the following documentation:

- Statement of Application (Organisers only)
- Personal Particulars (Organisers and Representatives)
- Authority for release of information (Organisers and Representatives)

## Lodging an Application

*You are required to lodge your application with the casino operator for forwarding to the Department of Internal Affairs.*

## This Application is for *Please tick one*

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>■ <i>Group Commission Organiser</i><br/>New application<br/>No Current approval</li> </ul>      | <ul style="list-style-type: none"> <li>■ <i>Group Commission Organiser</i><br/>Renewal application<br/>Previous approval granted</li> </ul>      |
| <ul style="list-style-type: none"> <li>■ <i>Group Commission Representative</i><br/>New application<br/>No Current approval</li> </ul> | <ul style="list-style-type: none"> <li>■ <i>Group Commission Representative</i><br/>Renewal application<br/>Previous approval granted</li> </ul> |

## Checklist

Please ensure that you enclose the following with your Application

- Colour photocopies of two forms of identification.*  
One of which must be a current passport or a full birth certificate (if not the holder of a current valid passport)
- Two passport size colour photographs*
- Documentary evidence of any name changes if applicable*
- Police Clearance Certificate (or equivalent)*
- Statutory Declaration if Police Clearance Certificate cannot be obtained*
- All pages are initialed.*

If your application is incomplete or missing supporting documentation, it will not be processed.

Please ensure all supported documentation is translated to English by a certified translator

**Enquiries regarding making an application may be made to:**

Auckland Casino Compliance Unit  
Level 799 Albert Street  
P O Box 2220  
Auckland  
Phone: (09) 363-6343  
Fax: (09) 362-7904  
Email: [casino.compliance@dia.govt.nz](mailto:casino.compliance@dia.govt.nz)

## Application For Approval

### Statement of Application *(to be completed by applicant organisers only)*

I, \_\_\_\_\_  
Surname/Family Name First Name Middle Names

Of *(Residential address)* \_\_\_\_\_  
Street name and number

\_\_\_\_\_ Town/city Postcode  
Suburb

\_\_\_\_\_ Country

hereby apply for approval to act as an Organiser for group commission programs

undertaken at \_\_\_\_\_ Casino.

**I hereby nominate the following person(s) to act as a representative on my behalf:**

1. Full name \_\_\_\_\_

Relationship to organiser *(tick one)*     Spouse     Business Partner     Relative

Other *(details)* \_\_\_\_\_

2. Full name \_\_\_\_\_

Relationship to organiser *(tick one)*     Spouse     Business Partner     Relative

Other *(details)* \_\_\_\_\_

3. Full name \_\_\_\_\_

Relationship to organiser *(tick one)*     Spouse     Business Partner     Relative

Other *(details)* \_\_\_\_\_

**Signature** \_\_\_\_\_

***Each person nominated above as a Representative is to complete a separate application form.***

## A. Personal Particulars

To be completed by all Organisers and Representatives

### A.1. Personal Details

This section asks for essential personal information necessary to identify you as an individual.

Title (please tick):  Mr  Mrs  Miss  Ms  
 Other \_\_\_\_\_

Gender please tick:  Male  Female

Family / Surname \_\_\_\_\_

First names \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of birth \_\_\_\_\_

Town/city of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

### A.2. Contact Details

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Web address \_\_\_\_\_

Postal address (If different from residence) \_\_\_\_\_  
*Street name and number*

\_\_\_\_\_ *Suburb* \_\_\_\_\_ *Town/City* \_\_\_\_\_ *Postcode*

### A.3. Other names by which you are or have been known

This section requires you to disclose any names you have used or are using, such as maiden names, family or cultural names, and any aliases. Please supply evidence of name changes e.g. Deed Poll, Adoption papers, and or Marriage Certificates.

Family/Surname \_\_\_\_\_ First names \_\_\_\_\_

Family/Surnames \_\_\_\_\_ First names \_\_\_\_\_

## B. Residence

### B. Current Residential Address

Street and number

Suburb

Town/city

Country

From:

Month

/

Year

To:

Month

/

Year

## C. Identification

You must provide colour photocopies of **TWO** forms of identification at the time you lodge your application.

### First Form of Identification

#### C.1. Passport

Please complete the details below for all the passports you hold.

Passport number \_\_\_\_\_

Country held for \_\_\_\_\_ Issued at \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_

Passport number \_\_\_\_\_

Country held for \_\_\_\_\_ Issued at \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_

Passport number \_\_\_\_\_

Country held for \_\_\_\_\_ Issued at \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_

#### C.2. Full Birth Certificate (if not the holder of a current valid passport)

Certificate Number \_\_\_\_\_ Date of issue \_\_\_\_\_

Issued at \_\_\_\_\_ Country \_\_\_\_\_

## Second Form of Identification

### C.3 Driver's licence

Number/details \_\_\_\_\_

Issue date *(if applicable)* \_\_\_\_\_

Expiry date \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Country \_\_\_\_\_

### C.4 Credit/Bank card

Number/details \_\_\_\_\_

Issue date *(if applicable)* \_\_\_\_\_

Expiry date \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Country \_\_\_\_\_

### C.5 Other

Number/details \_\_\_\_\_

Issue date *(if applicable)* \_\_\_\_\_

Expiry date \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Country \_\_\_\_\_

## D. Employment

### D. Current Employment

Name of employer/ business

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From:

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*Month / Year*

To:

---

*Month / Year*

City

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Country

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Job title

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## E. Personal History

The information sought here is necessary to provide sufficient background material to assess your suitability. If you tick yes to any questions please provide details in the space provided. Please answer truthfully as false or misleading information may result in the Department declining your application.

E.1. Have you ever been deported or extradited from any country or been required to leave, or been removed from, any country by any lawful authority?

No

Yes

Date

Country

Details

E.2. Have you ever been refused entry to any country?

No

Yes

Date

Country

Details

E.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

Country

Details

E.4. 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

E.5. Are you currently being or have you ever been the subject of an investigation or inquiry by the Corporate Fraud Unit, the Security Commission, the Serious Fraud Office, or any other similar body in New Zealand, or elsewhere?

No

Yes

Date

Country

Details

E.6. Have you ever been convicted of a criminal offence in New Zealand or any other Country outside of New Zealand? Subject to the Criminal Records (Clean Slate) Act 2004). For more information on the Criminal Records (Clean Slate) Act 2004 visit <http://www.justice.govt.nz>.)

No

Yes

Date

Country

Details

You must attach an Offence History Statement or a Police Clearance Certificate (or equivalent), from the relevant jurisdiction. If it is not possible for you to obtain one then you must fill out **SECTION I**.

E.7. Do you know of, or suspect that there are, any criminal proceedings pending against you in any country?

No

Yes

Date

Country

Details

E.8. Has any judgment or order in civil court proceedings relating to financial matters ever been made against you in any country?

No

Yes

Date

Country

Details

E.9. 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, for whatever reason, in any country?

No

Yes

Date

Country

Details

E.10. Have you ever been excluded for any reason, in any country, from a Casino or from any other venue (other than a Casino) where gaming or racing has been conducted?

No  Yes

Date \_\_\_\_\_ Country \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Country \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Country \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have answered yes to any of the questions in Section E please give details in spaces provided, if you require more space please write on a separate page and attach to the application

## F. Group Commission Organiser/Representative Approvals

F.1 . Have you ever applied and been approved permission to act as a Group Commission Organiser/ Representative in any Country? **Fill in details below.**

No  Yes

Country	City/State	Casino	Licence Number	Issue Date	Expiry Date

F.2. Has any application by you to act as a Group Commission Organiser/Representative been denied?

No  Yes

Details

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## G. Authorisation

*This authorises the Department of Internal Affairs and the New Zealand Police to make various enquiries in New Zealand and overseas, to verify or add to the information you have provided or which has been gathered about you, and to obtain information from various organisations such as courts, employers, educational institutions and Government agencies in New Zealand and overseas. The provisions of the Privacy Act 1993 and the Criminal Records (Clean Slate) Act 2004 apply to this authorisation.*

### Authorisation

I hereby authorise the Secretary of Internal Affairs acting through the Department of Internal Affairs, or the New Zealand Police to make or cause to be made, in New Zealand or elsewhere, whatever enquiries are considered appropriate to verify or add to the information provided by me, or concerning me, and authorise such enquiries to be made both before and after Approval.

I hereby authorise and request all Courts, Police, Service Boards, Employers, Educational Institutions, Banks and other Financial Institutions and all Government Agencies both foreign and domestic, and any other body or person to whom this authority may be presented to allow any accredited representative of the Department of Internal Affairs or of the New Zealand Police to inspect and obtain copies of any or all documents and records relating to me (either solely or jointly with any other person) and to provide that representative with all information relating to me which may be requested in the course of the enquiries described above, for the purpose of determining my suitability to operate as a Group Commission Organiser/Representative, pursuant to the Gambling Act 2003.

Full name

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Signature

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Date

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### STATEMENT

**I understand that supplying false or erroneous information may result in my application being declined, or cancelled at a later date.**

Signed

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Witnessed

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Dated

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Day

/

Month

/

Year

## H. Declaration

*This page is to be completed by all persons seeking approval, who are unable to obtain a Police Clearance from their country of residence.*

I, \_\_\_\_\_  
Surname/Family Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Names

**declare that**

As a resident of \_\_\_\_\_, it is not possible for me to obtain an  
offence History Statement or Police Clearance.

Signed \_\_\_\_\_

Witnessed \_\_\_\_\_

Dated \_\_\_\_\_  
Day / Month / Year

