

DATE STAMP

Application Number:

[Redacted]

Responsible Officer:

[Redacted]

Group Commission Organiser / Representative Renewal of Approval Application

Gambling Act 2003

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. 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.

I,

Surname/Family Name

First Name

Middle Names

Date of birth

Day

Month

Year

Declare that: *(tick whichever applies)*

There have been no changes to the information I provided in my original application to act as a Group Commission Organiser / Representative.

Or

The following changes have occurred since I was approved to act as a Group Commission Organiser / Representative.

[Lined area for providing details of changes]

Use extra sheets if necessary

CONTINUED NEXT PAGE

[Redacted]

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

Signature _____

Date _____

Day

Month

Year

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