



Fact Sheets relating to Associated Persons (Fact Sheet 29) and Significant Influence (Fact Sheet 30) can be found on the Department of Internal Affairs' website: [www.dia.govt.nz](http://www.dia.govt.nz). If you have any questions about filling in this application, or have any difficulties completing it, freephone 0800 25 78 87 (New Zealand only).

Where the applicant is an individual, fingerprints and passport size photographs of the applicant are required to be submitted with this application for investigation purposes. Fingerprints must be on the Gambling Act 2003: Fingerprint Form, which is available from the Department of Internal Affairs (the Department). The particulars in this form that relate to individuals is personal information in terms of the Privacy Act 1993. The information is required so that the Department can assess the applicant's suitability for approval as an associated person.

Suitability criteria are specified in section 124 of the Gambling Act 2003. The information will be held by the Department and may also be disclosed to the Police and other agencies nationally and internationally, subject to the Criminal Records (Clean Slate) Act 2004 and the Privacy Act 1993. Any person about whom information is collected has the right of access to, and correction of, that information.

#### Warning about false or misleading information:

Applicants completing this application form should be aware that should information be supplied that is false, misleading or incomplete in a material particular, the applicant will not be assessed as suitable to be approved as an associated person. Where an approval is granted and it is subsequently found that full disclosures had not been made in relation to the application or that false or misleading information has been provided, the approval may be suspended or cancelled.

Name of New Zealand casino(s) to which this application relates:

## A. Personal information

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

Last name \_\_\_\_\_ All first names \_\_\_\_\_

All other names by which you are, or have been known

Last name \_\_\_\_\_

All first names \_\_\_\_\_ Title \_\_\_\_\_

Last name \_\_\_\_\_

All first names \_\_\_\_\_ Title \_\_\_\_\_

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 \_\_\_\_\_

Continue next page

Residential address

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*Suburb*

*Town/city*

Postal address  
*if different from above*

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**A1.a. Citizenship**

Place of birth *Town/city*

*Country*

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Present citizenship

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Do you hold any other citizenship?

Yes

No

If yes, please give details:

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**A1.b. Please complete the following details for any passports you hold**

1. Surname First names

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Passport number

Country of issuance

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Country held for

Expiry date

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*Day / Month / Year*

2. Surname First names

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Passport number

Country of issuance

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Country held for

Expiry date

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*Day / Month / Year*

3. Surname First names

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Passport number

Country of issuance

---

Country held for

Expiry date

---

*Day / Month / Year*

4. Surname First names

---

Passport number

Country of issuance

---

Country held for

Expiry date

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*Day / Month / Year*

## B. Honesty

The information sought here is necessary to provide sufficient background material to assess your suitability for approval as an associated person. If you tick yes to any question, please provide details in the space following section I. Please answer honestly and completely as false, misleading or incomplete information may result in a negative assessment of your suitability to be approved as an associated person.

If you do not have New Zealand citizenship/residency you must attach a 'Police Clearance' Certificate (or equivalent), from the relevant jurisdiction.

If you are a New Zealand citizen/resident and in the past five years have spent six consecutive months or more in any one country other than New Zealand please contact an authorised person or Gambling Inspector of the Department of Internal Affairs before submitting your application. You may also be required to provide a Police Clearance Certificate (or equivalent).

1. Have you ever been convicted of a serious offence, in particular a crime involving dishonesty (as defined in section 2(1) of the Crimes Act 1961) including theft and fraud (subject to the Criminal Record (Clean Slate) Act 2004)?  
(For more information on the Criminal Record (Clean Slate) Act 2004 visit: [www.justice.govt.nz](http://www.justice.govt.nz))

Yes  No

If yes, give details:

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2. Have you been prevented from acting as a director under section 199K of the Companies Act 1955 or under sections 382 or 383 of the Companies Act 1993?

Yes  No

If yes, give details:

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3. Have you been prevented from acting as a director in any country?

Yes  No

If yes, give details:

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4. To the best of your knowledge are you currently being, or have you ever been, investigated by any governmental or statutory body or authority (for example the New Zealand Serious Fraud Office, or the Securities Commission of New Zealand) in New Zealand or any other country?

Yes  No

If yes, give details:

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5. Do you have any criminal convictions in any jurisdiction\* (subject to the Criminal Record (Clean Slate) Act 2004)?

Yes  No

If yes, give details:

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*\*Applicants who do not have New Zealand Citizenship or Residency must provide a Police Clearance Certificate from the relevant jurisdiction.*

6. Have you ever been charged with an offence against the Gambling Act 2003, the Racing Act 2003, or the previous gaming acts?

Yes  No

If yes, give details:

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7. Have you ever been charged with an offence in any country?

Yes  No

If yes, give details:

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8. Have you ever been convicted with an offence against the Gambling Act 2003, the Racing Act 2003, or the previous gaming Acts (subject to the Criminal Record (Clean Slate) Act 2004)?

Yes  No

If yes, give details:

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9. Are you being, or have you been, the subject of disciplinary proceedings by a professional body for ethical misconduct?

Yes  No

If yes, give details:

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10. Are you being, or have you been, disciplined in any way during previous involvement with a casino in any jurisdiction?

Yes  No

If yes, give details:

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*continue on a separate sheet if necessary*

### C. Financial position

1. Are you, or have you been, directly or indirectly involved in the management of any company that went into receivership or liquidation?

Yes  No

If yes, give details:

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2. Have you ever been bankrupt or insolvent, or subject to any order or arrangement under the bankruptcy or insolvency laws of any country?

Yes  No

If yes, give details:

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#### C1. Financial resources

Where required, dollar amounts must be stated in New Zealand dollars.

##### C1.a Details of liability

	<b>Bank overdrafts</b>	Limit	<input type="text"/>		
				Amount owing	<input type="text"/>
<b>Credit cards</b>		Limit	<input type="text"/>		
				Amount owing	<input type="text"/>
<b>Store cards</b>		Limit	<input type="text"/>		
				Amount owing	<input type="text"/>
<b>Hire purchase value</b>					<input type="text"/>
<b>Bank loans</b>		Limit	<input type="text"/>		
				Amount owing	<input type="text"/>
		Term	<input type="text"/>		
		Rate	<input type="text"/>		
		Maturity	<input type="text"/>		
<b>Other liabilities</b>					<input type="text"/>
<b>Total liabilities</b>					<input type="text"/>

**C1.b. Asset Details**

Bank deposits	<input type="text"/>
Vehicles	<input type="text"/>
Real estate	<input type="text"/>
Furniture and effects	<input type="text"/>
Superannuation	<input type="text"/>
Life cover	<input type="text"/>
Shares	<input type="text"/>
Investments	<input type="text"/>
Other	<input type="text"/>
<b>Total assets</b>	<input type="text"/>

**C1.c. Gross Annual Income**

Gross salary / wages	<input type="text"/>
Rental income	<input type="text"/>
Business income	<input type="text"/>
Commission / overtime	<input type="text"/>
Interest / dividends	<input type="text"/>
Overseas income	<input type="text"/>
Other income	<input type="text"/>
<b>Total net income</b>	<input type="text"/>

## D. Business skills

### D1. Applicant's employment details

Occupation \_\_\_\_\_

Employer's name *(if applicable)* \_\_\_\_\_

Employer's address \_\_\_\_\_

*Suburb*

*Town/City*

*State/Province (if applicable)*

*Postcode/Zip*

*Country*

Nature of work *(if self employed)* \_\_\_\_\_

Time at current employment \_\_\_\_\_ years

Previous occupation \_\_\_\_\_

Previous employer \_\_\_\_\_

Previous employer's address \_\_\_\_\_

*Suburb*

*Town/City*

*State/Province (if applicable)*

*Postcode/Zip*

*Country*

Time at previous employment \_\_\_\_\_ years

### D2. Previous casino involvement

Have you had any involvement or previous experience with a casino operation or the operation of similar ventures in any jurisdiction?

Yes

No

If yes, fully describe position held and nature of duties and responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D3. Education - highest qualifications**

Name of University/Polytechnic/Institution etc:

From \_\_\_\_\_ to \_\_\_\_\_

Address

*Town/City*

*State/Province (if applicable)*

*Country*

Qualification

*Degree, diploma, certificate etc*

*Subject studied*

Date

*Awarded/expected*

Name of University/Polytechnic/Institution etc:

From \_\_\_\_\_ to \_\_\_\_\_

Address

*Town/City*

*State/Province (if applicable)*

*Country*

Qualification

*Degree, diploma, certificate etc*

*Subject studied*

Date

*Awarded/expected*

Name of University/Polytechnic/Institution etc:

From \_\_\_\_\_ to \_\_\_\_\_

Address

*Town/City*

*State/Province (if applicable)*

*Country*

Qualification

*Degree, diploma, certificate etc*

*Subject studied*

Date

*Awarded/expected*

**D4. Professional qualifications**

Do you hold any professional qualifications, or are you, or have you ever been, a member of any professional bodies?

Yes  No

If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

*continue on a separate sheet if necessary*

## E. Referees

Please ensure that at least one referee can be contacted during the investigation process.

### E1. Character referee

Surname	_____	First name	_____
Telephone	_____	Mobile	_____
Fax	_____	Email	_____

### E2. Business referee

Please give the name of two business referees. If you are currently employed this may include your current employer.

Surname	_____	First name	_____
Telephone	_____	Mobile	_____
Fax	_____	Email	_____

Surname	_____	First name	_____
Telephone	_____	Mobile	_____
Fax	_____	Email	_____

## F. Other matters

Are there any other matters you wish to bring to the attention of the Department of Internal Affairs that may be relevant to an assessment of your suitability to be approved as an associated person?

Yes  No

If yes, please provide details:

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## Authority for release of information

I,

*Surname*

*First name*

Occupation

of

*Place of abode*

1. Acknowledges that the Gambling Act 2003 authorises the New Zealand Department of Internal Affairs to cause to be made investigations about the applicant for the purposes of determining the applicant's suitability for the purposes of the Gambling Act 2003;
2. Authorises any officer of the police service, law enforcement agency, or regulatory body in any jurisdiction to whom a copy of this authority is presented to release to the New Zealand Department of Internal Affairs any information or official record of any kind in written, electronic, or other form, where that information relates to the applicant and is held by the police service, agency or body, including information relating to the criminal history of the applicant. The provisions of the Criminal Records (Clean Slate) Act 2004 apply to this authorisation.

Signed

this

day of

*day*

*month*

*year*

## Statutory declaration

I, \_\_\_\_\_  
*Full name* *Occupation*

of \_\_\_\_\_  
*Place of abode*

solemnly and sincerely declare that:

- (a) I am the person identified in Section A1 of this application;
- (b) I have personally completed this form and have supplied all the information indicated; and
- (c) The particulars contained in this form are true and correct in every detail and fully disclose the information required to complete this form;

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

Signed \_\_\_\_\_

Declared at \_\_\_\_\_  
*Place*

this \_\_\_\_\_ day of \_\_\_\_\_  
*day month year*

before me \_\_\_\_\_  
*Justice of the Peace (or other person authorised to take a statutory declaration)*

## Declarations made outside New Zealand

A declaration made in a Commonwealth country other than New Zealand shall be made before a Judge, a Commissioner of Oaths, a notary public, a Justice of the Peace, or any person authorised before the law of that country to administer an oath there for the purposes of a judicial proceeding, or before a Commonwealth representative, or before a solicitor of the High Court of New Zealand.

## Interview arrangements

A representative of the Department of Internal Affairs will generally interview the applicant.



If you are required to be interviewed, the place and form of the interview will be at the discretion of the Department of Internal Affairs. All persons to be interviewed are required to bear their own cost of travel and accommodation, if applicable.

If you are based overseas the Department of Internal Affairs may arrange a video interview, or a telephone interview.

### Please answer the following questions for the purposes of interview arrangements

Where would you prefer to attend an interview?

Wellington  Christchurch  Auckland  Hamilton  Dunedin  Queenstown

Please indicate any dates you will be unable to attend an interview in the next three month period.

from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

## Checklist

Please ensure you have:

- Fully completed this Personal Information Application.
- Attached three identical passport size photographs (endorsed on the reverse by someone who has known you for longer than three years, is not a relative and does not live at the same address).
- Attached fingerprints, on the Gambling Act 2003 Fingerprint Form, available from the Department of Internal Affairs.
- Enclosed the \$337.33 fee (cheque made payable to Department of Internal Affairs).
- Attached and signed a Consent for Release of Personal Information held on the Wanganui Computer. This form can be obtained at [www.justice.govt.nz/privacy/request-by-third-party.pdf](http://www.justice.govt.nz/privacy/request-by-third-party.pdf). This form allows for personal information contained on the Wanganui Computer to be obtained and disclosed to a third party. The information released is criminal convictions and criminal history. The applicant must have signed section 1 and 2 of the form; *Or*
- For non-New Zealand citizens/residents a Police Clearance Certificate (or equivalent) from the relevant jurisdiction.

If you are a New Zealand citizen/resident and in the past five years have spent 6 consecutive months or more in any country other than New Zealand you may also need to attach a Police Clearance Certificate (or equivalent). Please contact a Gambling Inspector/Authorised Person before submitting your application.

Please return to:

**National Manager Gambling Compliance**  
**Department of Internal Affairs**  
**46 Waring Taylor Street**  
**PO Box 10-095**  
**Wellington 6140**  
**NEW ZEALAND**