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APPLICATION TO APPROVE

A PERSON IN A POSITION OF AUTHORITY OF A BODY CORPORATE

Betting Control Act 1954

# Details of Bookmaker

|  |  |  |  |
| --- | --- | --- | --- |
| Bookmaker Licence No. |  | Name of Bookmaker: |  |

|  |  |
| --- | --- |
| Address of Bookmaker: |  |

|  |  |
| --- | --- |
| Contact Person: |  |

|  |  |  |
| --- | --- | --- |
| Telephone: |  | (daytime contact) |

|  |  |
| --- | --- |
| This Application is to approve a change in:  |  a position of authority |
|  |  the shareholding  |

1. **Details of Person/Entity Seeking Approval**

|  |  |
| --- | --- |
| Name of Person/Entity: |  |

|  |  |
| --- | --- |
| Contact Person (if applicable): |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: |  / / |

|  |  |
| --- | --- |
| Date proposed for change to be effective: |  / / |

|  |  |  |
| --- | --- | --- |
| Does the person/entity seeking approval currently have any interest in a body corporate or partnership that holds a bookmaker’s licence? | **YES** | **NO** |

(If yes, please provide details below or attach a separate sheet if insufficient space)

|  |  |  |  |
| --- | --- | --- | --- |
| **Bookmaker** | **Licence Number** | **Position of Interest** | **Period** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| Please provide details of the involvement of the proposed person/entity with the bookmaker? |

(Please provide details below or attach a separate sheet if insufficient space)

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#### Please Turn Over

1. **Declaration**

I/we declare that all the information provided in this form and in any supporting documentation is true and correct and understand that the provision of false and misleading information will constitute a breach of the *Betting Control Act 1954*.

The common seal of was affixed by the authority of the Directors on / / .

Affix Common Seal Here

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Director: |  |  |  |
|  |  | Name of Director (please print clearly) |
| Signature of Director: |  |  |  |
|  |  |  | Name of Director (please print clearly) |

1. **Fees**

The application fee for lodgement is outlined in the [Fees and Charges](http://www.rgl.wa.gov.au/racing/applications/fees-and-charges), on our website.

Please ensure that Personal Particulars form accompanies this application form

**PAYMENT DETAILS**

An invoice with detailed payment options will be provided once the application has been received.