## **BOOKMAKER REGISTRATION APPLICATION FORM**



All applications must include:			Che	ecklist		
Colour passport sized photograph						
Copy of other racing body registration (if applicable)						
Fee payment	t					
This form is to be on a greyhoun	pe completed if ad race.	you are to		who takes bets,		alates odds and pays out winnings
	·	nine whethe	er to grant or refu	se your application	on.	·
Personal de	Mrs	Miss	Ms	Dr		Other
First name	IVIIS	IVIISS	Middle name			Surname
This name			Wildale Harrie			diname
Date of birth			Evicting Degistr	ation Number (if	annli	caple)
			Exising Registr	alloli Nallibei (II	аррік	cable)
<b>'</b>	<b>,</b> , , , , , , , , , , , , , , , , , ,					
Suburb of birth			State of birth			Country of birth
Telephone nur	mber/s					
Home			Mobile			Daytime
Email address						
Droforrad cont	act method					Receive SMS alerts
Preferred contact method  CMC Mahila Usana			Doct			
Email	SMS	Mobile	e Home	Post		Yes No
Residential	address					
Address						
Suburb		St	ate		_ P	Postcode



Postal address (if different to residential address)					
Address					
Suburb	State	Postcode			
Bank account details					
Account name	Bank				
BSB Number	Account Number				
Wasaning an avaition					
Wagering operations	ICM arranda arrada arra a dia arrandi	la faldina at NOW avaula and avaat tanala			
_	15w greynound race meetings while	le fielding at NSW greyhound race tracks?			
Yes No					
If no, which away race mee	tings will you be wagering on?				
Guarantees					
	tal turnover in the last financial ver	222			
What was your estimated total turnover in the last financial year?					
Who is your current guarant					
who is your current guarant	ee wiiii:				
What amount is your curren	t augrantee?				
What amount is your current guarantee?					
Do you expect any material	change in the next financial year?	,			
Do you expect any material change in the next financial year?					
Do you intend to use interne	rt access for the purpose of placing	n hat hacks?			
-		ering websites while fielding. Please note, a prior approval from the			
Office of Racing is required.		g			
Yes No					



If yes, please provide details of all wagering accounts					
Wagering operator	Acce	ount name	Account no	Account number	
Which NSW Greyhou	und track/s do you inter	nd on fielding?			
Appin	Armidale	Bathurst	Bulli	Casino	
Broken Hill	Coonabarabran	Coonamble	Cowra	Dapto	
Dubbo	Gosford	Goulburn	Grafton	Gunnedah	
Kempsey	Lismore	Lithgow	Maitland	Moree	
Mudgee	Muswellbrook	Nowra	Potts Park	Richmond	
Tamworth	Taree	Temora	The Gardens	Wagga	
Wauchope	Wentworth Park	Young			
Proposed use of	NSW Greyhound ra	ce field information	on		
Do you intend to use	NSW greyhound race	fields for purposes oth	ner than to facilitate wag	gering transactions?	
Yes No					
If yes, please specif	y those purposes:				



## Key employees and close associates

A key employee and close associate is defined by the NSW Betting and Racing Regulation 2012. If you required additional space, please attach a separate paper.

Name	Role		
Has this person ever been charged or convicted of any	criminal offence?		
Yes No			
Has this person ever been charged or convicted under t	the Prevention of Cruelty to Animals Act 1979?		
Yes No			
If yes, please provide details including, but not limited to the penalty imposed.	o, the nature of the offence, the date of the offence and		
Has the person been subject to disciplinary action in rel	ation to any legislation/rules of betting or racing?		
Yes No			
If yes, please provide details including, but not limited to, the nature of the offence, the date of the offence and the penalty imposed			
Name	D. I.		
Name	Role		
Has this person ever been charged or convicted of any	criminal offence?		
Yes No			
Has this person ever been charged or convicted under t			
	the Prevention of Cruelty to Animals Act 1979?		
Yes No	the Prevention of Cruelty to Animals Act 1979?		
Yes No  If yes, please provide details including, but not limited to			
Yes No  If yes, please provide details including, but not limited to	o, the nature of the offence, the date of the offence and		
Yes No  If yes, please provide details including, but not limited to the penalty imposed.	o, the nature of the offence, the date of the offence and		
Yes No  If yes, please provide details including, but not limited to the penalty imposed.  Has the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to disciplinary action in relative to the person been subject to the person been s	o, the nature of the offence, the date of the offence and date of the offence		



Name	Role		
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Yes No			
If yes, please provide details including, but not limited to the penalty imposed.	o, the nature of the offence, the date of the offence and		
Has the person been subject to disciplinary action in re	ation to any legislation/rules of betting or racing?		
Yes No			
If yes, please provide details including, but not limited to the penalty imposed	o, the nature of the offence, the date of the offence and		
Out attacks and add			
Questionnaire			
Your response/s to these questions are IMPORTANT. The Commission will act upon the responses you make in this application. If you provide an incorrect or false response the Commission may take disciplinary action against you. This may include refusing your application.			
Have you ever been disqualified, suspended, warned off or listed as a defaulter in any racing code?			
Yes No			
2. Have you ever been charged with any criminal offend	ee?		
Yes No			
3. Do you have a current firearms licence?			
Yes No			
If you answered 'Yes' to any of the above questions, please provide details below:			
il you disweled Tes To diff of the above questions, pieuse provide defails below.			



Period o	of Registration	
How man	y years would you like to register for?	
1 yea	ar	3 years
Paymen	nt details (please visit our website	for the current fees)
-		Il be contacted for payment by phone or you will receive a secure edit or debit card, PayID, PayPal and BPay.
Declara	ntion and authorisation	
I declare tha	at all information I have provided in this form is:	
b) True o	plete in all material respects; and and correct to the best of my knowledge. d, acknowledge and agree that:	
includ		ing my personal information, and any other information I provided to the Commission, assary to process an application or notification. This includes, but is not limited to, my story Check on my behalf;
nece reque	essary to determine whether to register or refuse to reg	sion may require additional information from me that is, in the Commission's opinion, gister me as a greyhound racing industry participant. If after 21 days of being ovide the information, the Commission may refuse to register me as a greyhound
, agair	nst me, which could include suspension or disqualific	, ,
e) While	·	ange to the information I have provided in any application or notification; comply at all times with the provisions of the Greyhound Racing Act 2017, Greyhound of Practice and the Commission's policies.
Privacy		
	nis form you consent to the Greyhound Welfare & Inter- pliance with the Commission's Privacy Statement, a co	grity Commission collecting, using, holding and disclosing personal information about appy of which can be found at gwic.nsw.gov.au.
Signature	e of applicant	Date

## Please submit this completed form to GWIC by either:

- Email registration@gwic.nsw.gov.au
- Post PO Box 718, Bathurst NSW 2795
- In person Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.