

BOOKMAKER'S ANNUAL FINANCIAL STATEMENT 2020

RACING VICTORIA
Wagering Services
400 Epsom Road
FLEMINGTON VIC 3031

CONFIDENTIAL

**IMPORTANT: THIS FORM MUST BE COMPLETED AND CERTIFIED BY A QUALIFIED ACCOUNTANT.
PLEASE USE BLOCK LETTERS WHEN COMPLETING FORM**

NAME: Registration Number.....

RESIDENTIAL ADDRESS:

.....
..... POSTCODE.....

POSTAL ADDRESS (IF SAME AS ABOVE WRITE 'AS ABOVE')

..... POSTCODE.....

Date of Birth/...../.....

Telephone Numbers:

Home ()..... Work ()..... Mobile ()..... Email

What is your bookmaking trading name (if any)?.....

ASSETS \$

1. Account Balances:

(Incl. bookmaking account, savings accounts, investment accounts, term deposits, VBA deposit, cash management accounts, TABCORP telephone betting accounts etc)

<u>Financial Institution</u>	<u>Branch</u>	<u>A/C No</u>	<u>Type of Account</u> <u>Individual/Joint</u>	<u>Date of Last</u> <u>Transaction</u>	<u>Current</u> <u>Balance</u>	<u>Accountant activity (eg.</u> <u>sighted bank statement)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

2. Investments:

(Incl. bonds, shares, debentures, other marketable securities - specify name, quantity, value, date of valuation)

<u>Type</u>	<u>Company</u>	<u>Quantity</u>	<u>Date of</u> <u>Valuation</u>	<u>Market</u> <u>Value</u>	<u>Type of Ownership</u> <u>Individual/Joint</u>	<u>Accountant activity</u> <u>(eg. sighted share</u> <u>certificate and verified</u> <u>value)</u>	<u>Signature of</u> <u>Accountant</u>

SUB TOTAL:

3. Real Property: (Include residence/investment property)

<u>Address</u>	<u>Date of Valuation</u>	<u>Method of Valuation</u>	<u>Is property Jointly Owned Y/N</u>	<u>% of Bookmakers Ownership</u>	<u>Full Value of Property</u>	<u>Value of Bookmakers Portion</u>	<u>Encumbrances (eg mortgage, covenant, guarantee include \$ value under 6)</u>	<u>Accountant activity (eg. sighted certificate of title, rates notice)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

4. Other Business Ventures

<u>Name of Company / Venture</u>	<u>% of Your Holding</u>	<u>Total Assets</u>	<u>Total Liabilities</u>	<u>Net Assets</u>	<u>Last Date accounts audited</u>	<u>Accountant activity (eg. sighted audit report)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

5. Other Assets

<u>Description of Assets</u>	<u>Date of Valuation</u>	<u>Method of Valuation</u>	<u>Market Value</u>	<u>Accountant activity (eg. sighted valuation)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

TOTAL ASSETS:.....

NB: Please include a supporting balance sheet if you have referred to an interest or interests in a Company, Partnership or a Family Trust.

In evaluating your financial position, the Committee will not necessarily be including superannuation as a relevant asset so that need not be included unless significant and with immediate access.

N.B. If space insufficient, please attach additional documentation

LIABILITIES \$

6. Loans: (Business or Personal Nature) (incl. overdraft(s), mortgage(s) and any other loan)

<u>Financial Institutions/Persons</u>	<u>Total Loan Amount</u>	<u>Outstanding Amount</u>	<u>Repayment & Frequency</u>	<u>Accountant activity (eg. sighted loan documentation, confirmed balance)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

7. Creditors: (incl. both business and personal nature)

<u>Description</u>	<u>Amount</u>	<u>Accountant activity (eg. sighted documentation)</u>	<u>Signature of Accountant</u>

SUB TOTAL.....

8. Taxation Liabilities: (incl. amounts outstanding with Commonwealth & State Government agencies)

<u>Agency</u>	<u>Due Date</u>	<u>Amount</u>	<u>Accountant activity (eg. sighted tax statements)</u>	<u>Signature of Accountant</u>

SUB TOTAL.....

9. Guarantees or Indemnities: (Personal or Business Nature)

<u>Description</u>	<u>Amount</u>	<u>Accountant activity (eg. sighted documentation)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

10 Contingent Liabilities: (incl. court judgment/legal proceedings of which you are aware that will materially affect your financial status. Please provide details, expected amount of liabilities)

<u>Description</u>	<u>Expected Amount</u>	<u>Accountant activity (eg. sighted court documents)</u>	<u>Signature of Accountant</u>

SUB TOTAL:

TOTAL LIABILITIES:

EXCESS OF ASSETS OVER LIABILITIES:

N.B. If space insufficient, please attach additional documentation

Declaration by Bookmaker: I hereby declare that the information supplied on this form represents fully and completely my financial status. I also declare that I am not aware of any matters which may render the information supplied to be incomplete or inaccurate. Additionally, I am not aware of any other matters which may affect my financial status as disclosed on this form and I undertake to inform the Committee immediately should any matters occur that materially alter my financial status from that set out herein.

...../...../.....
Date

.....
Signature of Bookmaker

I have audited the statement submitted by the Bookmaker. I declare that I have made appropriate enquiry and verification of all items disclosed in the financial statement and am satisfied that the information provided in this statement represents a true and correct statement of the Bookmaker's financial status as at / / . I am aware that RV relies upon this statement in the ongoing registration of the Bookmaker.

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Signature of Certified Practising Accountant
Or Chartered Accountant

Name & address of Certified Practising Accountant
Or Chartered Accountant
Qualifications:

Date/...../.....

N.B. You are advised that the information contained in this statement may be used by Racing Victoria in accordance with Racing Victoria's Collection Statement as per Part VI of the Annual Licensing form. This statement may be located at www.racingvictoria.net.au.

This Statement, when completed, should be returned to:-
**Racing Victoria
Wagering Services
400 Epsom Road
FLEMINGTON VIC 3031**