

Wagering Services 400 Epsom Road Flemington VIC 3031, Australia Telephone: (+61 3) 9258 4667 Facsimile: (+61 3) 9258 4665 Email: b.admin@racingvictoria.net.au

Date

APPLICATION FOR A BOOKMAKER'S KEY EMPLOYEE TO **BE AN APPROVED SUBSTITUTE**

1 AUGUST 2018 - 31 JULY 2019

This form is to be used by a Bookmaker when making written application to Racing Victoria (RV) for a Bookmaker's Key Employee to be an Approved Substitute. Both the Bookmaker and the Key Employee must complete the relevant sections of this form.

S

Date	:				
Book	makers Full Name:				
Book	makers Licence No:	D.O.B			
Resid	dential Address:	Post Code:			
Phon	ne:	Mobile:			
Emai	il:	Fax:			
(a) (b)	declare that the Key Employee has no financial interest in my business; declare that I am not receiving any payments or consideration from the Key Employee in relation to this application;				
(c)					
	permitted to work as an Approved Substitute a 12 month period commencing 1 August a	te for one Bookmaker in any racing season (being and ending 31 July).			
and co inform susper	orrect, and acknowledge and that if this ation or conceals any material facts, my	rmation provided in this Application Form is true Application contains any false or misleading Club Bookmaker's Licence may be revoked or aker's Licence Rules, and/or disciplinary action 'Rules or the Rules of Racing.			

Bookmaker's Signature

Bookmaker's Name

Section 2: Key Employee Details

Full Name:					
Registration No:	D.O.B				
Desidential Address					
Residential Address:		Post Code:			
Phone:		Mobile:			
Email:		Fax:			
Please answer the following	questions:				
Are you currently under any ban/re	No Yes If Yes, please explain the circumstances:				
Have you, in the last 10 years, been found guilty of a criminal offence? (You may be required to provide a National Police Record Certificate)		No Yes If Yes, please explain the circumstances:			
Are there any current civil or crimin may be required to provide a Nation	No Yes If Yes, please explain the circumstances:				
Ongoing requirement to inform F	Racing Victoria regarding any civil or criminal proceed	lings (or charges) pending against you			
After submitting this Application, you are required to inform the Racing Victoria Wagering Department of any criminal charges or civil proceedings laid or issued against you within seven days of any charges or proceedings being laid or issued.					
Updates must be sent by email to <u>b.admin@racingvictoria.net.au</u> or by fax to 03 9258 4665.					

I acknowledge that the Bookmaker identified in Section 1 (above) is applying pursuant to the Club Bookmakers' Licence Rules for me to be approved to act as an Approved Substitute for him/her for the race meeting(s) and/or date(s) provided below.

I:

- (a) declare that I have read, understood and agree to be bound by the Racing Victoria Rules of Racing (Rules of Racing), Club Bookmakers' Licence Rules 2010, Bookmakers' Levy Rules 2012, Bookmakers' Telephone Betting Rules 2001, Bookmakers' Internet Betting Rules 2001 and Bookmaker Sports Betting Rules 2007 (together, the Bookmaker Rules), as published on the Racing Victoria website;
- (b) acknowledge and understand that, in accordance with Club Licence Rule 9.8, when a Key Employee acts as an Approved Substitute for a Bookmaker, that person is subject to the provisions of the Bookmaker Rules and the Rules of Racing as if he or she is the holder of a Bookmaker Licence;
- (c) acknowledge that, unless otherwise approved by Racing Victoria, I am only permitted to work as an Approved Substitute for one Bookmaker in any Period (a 12 month period commencing 1 August and ending 31 July);
- (d) acknowledge that, once I have acted as an Approved Substitute for a Bookmaker in any Racing Season (a 12 month period commencing 1 August and ending 31 July), I am unable to work for

another Bookmaker when that Bookmaker when that Bookmaker has employed an Approved Substitute for the day; and

(e) declare that I have no financial interest in the business of the Bookmaker and that I will not be paying the Bookmaker any consideration for operating as an Approved Substitute.

Key Employe	ee's Name	Key Employee's Signature	Date
ookmaker to coplication (✓)	omplete. Please tick releva	nt boxes indicating the race mee	eting(s) date(s) of the
Date(s)	Race Meeting (name race meeting)	Approved Racecourse Office	Off-course Premises
ffice use only			
Date:			
Bookmakers Full Name:			
Substitute's Full Name:			
Approved Dat	tes:		
Approved by:			