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

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

1 AUGUST 2023 - 31 JULY 2024

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.

## Section 1: Bookmakers Details

Date	•				
Book	makers Full Name:				
Bookmakers Licence No:			D.O.B		
Posic	dential Address:				
Residential Address:			Post Code	:	
Phone:			Mobile:		
Email:			Fax:		
			ply for the Key Employee ide ing(s) and/or date(s) provide		
In maki	ng this application, I:				
(a)	declare that the Key I	Employee has no financial	interest in my business;		
(b)	declare that I am no relation to this applica	0 , , ,	or consideration from the	Key Employee in	
(c)	permitted to work as	nless otherwise approved by Racing Victoria, a Key Employee is only an Approved Substitute for one Bookmaker in any racing season (being ommencing 1 August and ending 31 July).			
and co informa susper	orrect, and acknowle ation or conceals and nded in accordance w	dge and that if this App material facts, my Club ith the Club Bookmaker	ion provided in this Application contains any fa o Bookmaker's Licence m is Licence Rules, and/or d les or the Rules of Racing	lse or misleading nay be revoked or disciplinary action	
Book	maker's Name	Bookmaker's Signati	ure	Date	

## Section 2: Key Employee Details

Full Name:		
Registration No:		D.O.B
Residential Address:		
		Post Code:
Phone:		Mobile:
Email:		Fax:
Are you currently under any ban/restricti	No Yes If Yes, please explain the circumstances:	
Have you, in the last 10 years, been <i>found guilty</i> 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 criminal promay be required to provide a National P	No Yes If Yes, please explain the circumstances:	
Ongoing requirement to inform Racin	g Victoria regarding any civil or criminal procee	dings (or charges) pending against you
	required to inform the Racing Victoria Wagering Devithin seven days of any charges or proceedings bea	
Updates must be sent by email to b.adm	in@racingvictoria.net.au.	

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 Employee's Name		Key Employee's Signature	Date
okmaker to co olication (√)	omplete. Please tick releva	int boxes indicating the race mee	eting(s) date(s) of the
Date(s)	Race Meeting (name race meeting)	Approved Racecourse Office	Off-course Premises
i <mark>ce use only</mark>			
Date:			
Bookmakers I	Full Name:		
Substitute's Full Name:			
Approved Dates:			
Approved by:			