

BOOKMAKERS BETTING ACCOUNT – CUSTOMER APPLICATION FORM

Note: Racing NSW prepares its Pro Forma documents to assist bookmakers in complying with the requirements of their licence. The Pro Forma is not meant to be exhaustive and Racing NSW does not accept liability for the contents of the BOOKMAKERS BETTING ACCOUNT APPLICATION FORM which remains the responsibility of the bookmaker. The requirements for customer identification are set out in Rules of Racing of Racing NSW LR 91A and LR91B.

BOOKMAKERS NAME: _____

PERSONAL DETAILS OF APPLICANT

Last Name	
First Name/s	
Date of Birth	
Residential Address	
Period of residency at this address	
Previous address if less than 3 years	
Postal Address (If different)	
Contact Telephone Number/s	
Email Address	
Name, address and telephone of Relative or Friend not residing with you	

PROOF OF IDENTITY – Minimum Requirements Individual
Minimum Requirements must verify - Full Name, Address and Date of Birth

Primary

Driver's Licence Details	
Passport Details	
Proof Of Age Card	

Secondary

Birth Certificate	
Citizenship Certificate	
Pension Card issued by Centrelink	
ATO Assessment (current)	
State Government Document (current)	
Local Government Document (current)	
Utilities Document (current)	

Minimum Requirements Company

Company Name	
Principal Place of Business	
ACN/ABN	
Directors	

EMPLOYMENT DETAILS

Occupation/Position	
Employer	
Address of Employer	
Telephone contact details	
Duration of employment	
Previous employer if less than 3 years	
If Self Employed advise external source (e.g. Accountant) who can confirm your business	

BANK ACCOUNT DETAILS

Account Name	
Bank	
BSB	
Account No	
Credit Card Type	
Name on Credit Card	
Credit Card Number	
Expiry Date	

Other Information

Do you/or have you had a betting account with another licenced bookmaker or betting exchange – provide details	
Do you/or have you had a betting account with an Australian TAB - provide details	
Have you ever been listed as a Defaulter in Bets or Warned Off or Disqualified by a Racing, Harness or Greyhound Authority – provide details	

I certify that:

- (a) the above information is true and correct,**
- (b) I agree to all the terms and conditions applicable to this betting account,**
- (c) I agree that all bets are governed by the Australian and State Rules of Racing,**
- (d) I understand that all betting and account related telephone conversations may be recorded by the relevant authorities.**

Signature _____

Date _____

**Copy of Identification Documents received within the required period –Yes/No
Attached: Yes/No**

Date Received	
Account Approved	Yes/No
Account Opened	Yes/No
Comments	
Employee Name	
Employee Signature	
Bookmakers Approval	