



**THE CASINO CONTROL (CERTIFICATES OF APPROVAL AND WARRANTS) REGULATIONS 1994, AMENDMENT NO. 1**

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CATHERINE A. TIZARD, Governor-General

ORDER IN COUNCIL

At Wellington this 4th day of September 1995

Present:

HER EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to section 116 of the Casino Control Act 1990, Her Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

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ANALYSIS

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| <ul style="list-style-type: none"> <li>1. Title and commencement</li> <li>2. Form of certificate of approval</li> <li>3. New First Schedule substituted</li> </ul> |  | <ul style="list-style-type: none"> <li>4. New Third Schedule substituted</li> <li>5. Transitional provisions Schedules</li> </ul> |
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REGULATIONS

**1. Title and commencement**—(1) These regulations may be cited as the Casino Control (Certificates of Approval and Warrants) Regulations 1994, Amendment No. 1, and shall be read together with and deemed part of the Casino Control (Certificates of Approval and Warrants) Regulations 1994\* (hereinafter referred to as the principal regulations).

(2) These regulations shall come into force on the 28th day after the date of their notification in the *Gazette*.

**2. Form of certificate of approval**—The principal regulations are hereby amended by revoking regulation 7, and substituting the following regulation:

“7. Every certificate of approval shall be in the form set out in the Third Schedule to these regulations and shall contain the particulars set out in that form.”

**3. New First Schedule substituted**—The principal regulations are hereby amended by revoking the First Schedule, and substituting the Schedule set out in the First Schedule to these regulations.

**4. New Third Schedule substituted**—The principal regulations are hereby amended by revoking the Third Schedule, and substituting the Schedule set out in the Second Schedule to these regulations.

**5. Transitional provisions**—(1) Where, immediately before these regulations come into force, the Secretary is in receipt of an application for a certificate of approval, being an application in the form set out in the First Schedule to the principal regulations as that Schedule read immediately before the commencement of these regulations, but has not granted the application, the Secretary shall proceed to consider the application as if it were in the form set out in the First Schedule to these regulations.

(2) A certificate of approval that complies with regulation 7 of the principal regulations as that regulation read before the commencement of these regulations does not cease to be a valid certificate of approval solely because that regulation has been revoked and substituted by these regulations.

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## SCHEDULES

## FIRST SCHEDULE

Reg. 3

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS

## "FIRST SCHEDULE

Reg. 3

FORM OF APPLICATION FOR CERTIFICATE OF APPROVAL

## THE CASINO CONTROL ACT 1990

## APPLICATION FOR CERTIFICATE OF APPROVAL

The Information Notes included with this form will assist you to complete your application. Please read them carefully before starting to complete your application.

**1 PERSONAL INFORMATION****Full Name**

Title/Mr/Mrs/Miss/Ms .....

Surname or Family Name .....

First or Given Names .....

Give below all names you have ever used, or use now. If you have a formal document evidencing a name change, provide a copy e.g. adoption order, deed poll, or marriage certificate.

Surname or Family Name .....

First or Given Names .....

Surname or Family Name .....

First or Given Names .....

Surname or Family Name .....

First or Given Names .....

**Place and Date of Birth**

Town or City .....

Country .....

Date of Birth: Day/ Month/ Year/

**Physical Description**

Colour of eyes .....

Height (in metres) .....

Weight (in kgs) .....

Colour of hair .....

Complexion (tick one) Fair  Dark  Olive 

Scars, Tattoos, Birth Marks, or other Distinguishing Features .....

**2 HOME ADDRESS**

Do not give a P.O. Box Number.

Number .....

Street .....

Town or City .....

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

Postal Code .....
Country .....
Home Telephone ..... Std/ .....
Work Telephone ..... Std/ .....

3 POSTAL ADDRESS

Complete only if different from 2 above.
Number and Street or P.O. Box Number .....
Town or City .....
Postal Code .....
Country .....

4 IDENTIFICATION

You must provide two forms of identification at the time you lodge your application.

One of them must be your:

- Passport; or
Full Birth Certificate; or
Refugee Document; or
Citizenship Certificate.

The other may be a driver’s licence or a bank card or a similar form of identification.

A Passport

If you hold dual passports, complete both panels.

First Passport

Number .....
Issued at ..... Country .....
Date of Issue: Day/ Month/ Year/
Date of Expiry: Day/ Month/ Year/

Second Passport

Number .....
Issued at ..... Country .....
Date of Issue: Day/ Month/ Year/
Date of Expiry: Day/ Month/ Year/

B Full Birth Certificate

Number .....
Issued at ..... Country .....
Date of Issue: Day/ Month/ Year/

C Refugee Document

Number .....
Issued at ..... Country .....

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

Date of Issue: Day/ Month/ Year/
Date of Expiry: Day/ Month/ Year/

D Citizenship Certificate

Number .....
Issued at ..... Country .....
Date of Issue: Day/ Month/ Year/

E Second Form of Identification

Driver’s Licence [ ] Bank Card [ ] Other [ ]
Details .....

5 NATIONAL ID/SOCIAL SECURITY NUMBERS

Some countries issue each individual with one or both of these numbers. If applicable, enter below.

National ID .....
Social Security .....

6 MARITAL INFORMATION

Tick the box that best describes your current marital status.

Married [ ] Never Married [ ] Widowed [ ]
Separated [ ] De Facto [ ] Divorced [ ]

Full Name of Spouse

Title/Mr/Mrs/Miss/Ms .....
Surname or Family Name .....
Maiden or Other Name .....
First or Given Names .....

Complete Only if Applicable

Full Name of Former Spouse

Title/Mr/Mrs/Miss/Ms ..... Given or First Names .....
Surname or Family Name .....
Date of Birth: Day/ Month/ Year/

Full Name of Former Spouse

Title/Mr/Mrs/Miss/Ms..... Given or First Names .....
Surname or Family Name .....
Date of Birth: Day/ Month/ Year/

Full Name of Former Spouse

Title/Mr/Mrs/Miss/Ms..... Given or First Names .....
Surname or Family Name .....
Date of Birth: Day/ Month/ Year/

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

7 RESIDENCES

List all residential addresses where you have lived for more than 3 months during the last 3 years. Start with your current address. Continue on the blank page at the back of this application if necessary.

From: Month/ Year/ To: Month/ Year/
Number and Street
Town or City
Country
From: Month/ Year/ To: Month/ Year/
Number and Street
Town or City
Country
From: Month/ Year/ To: Month/ Year/
Number and Street
Town or City
Country
From: Month/ Year/ To: Month/ Year/
Number and Street
Town or City
Country

8 EMPLOYMENT

A Have you ever been offered a position in a casino in New Zealand?
[ ] Yes; give details below [ ] No

Job Title
Location
Name of Casino

B Previous Employment

List all previous jobs you have had, and/or business activities in which you have been involved, for the last 10 years. Start with the most recent. Continue on the blank page at the back of this application if necessary.

From: Month/ Year/ To: Month/ Year/
Name of Employer/Business
City
Country
Job Title
From: Month/ Year/ To: Month/ Year/
Name of Employer/Business
City
Country
Job Title
From: Month/ Year/ To: Month/ Year/
Name of Employer/Business
City
Country
Job Title

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

From: Month/ Year/ To: Month/ Year/
Name of Employer/Business
City
Country
Job Title

From: Month/ Year/ To: Month/ Year/
Name of Employer/Business
City
Country
Job Title

9 CASINO EMPLOYMENT

A Documents Held

If you have ever held a document allowing you to work in a casino e.g. a certificate or a licence, give details. If you still have the document, provide a copy.

Name of document
Date document issued: Month/ Year/
Country or Jurisdiction
Name of document
Date document issued: Month/ Year/
Country or Jurisdiction

B Training

If you have ever undertaken casino training in New Zealand, give details.

Casino
Training Course
Date: Month/ Year/
Casino
Training Course
Date: Month/ Year/

Continue on the blank page at the back of this application if necessary.

10 CHARACTER REFERENCES

Nominate 3 persons who have known you personally for a period of at least 3 years. You must not nominate:

- A relative
• Anyone residing at your home address
• Anyone working in a casino

Title/Mr/Mrs/Miss/Ms
Surname or Family Name
First or Given Names
Number and Street
Town or City
Country

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

Occupation .....

Home Telephone ..... Std/ .....

Work Telephone ..... Std/ .....

Title/Mr/Mrs/Miss/Ms .....

Surname or Family Name .....

First or Given Names .....

Number and Street .....

Town or City .....

Country .....

Occupation .....

Home Telephone ..... Std/ .....

Work Telephone ..... Std/ .....

Title/Mr/Mrs/Miss/Ms .....

Surname or Family Name .....

First or Given Names .....

Number and Street .....

Town or City .....

Country .....

Occupation .....

Home Telephone ..... Std/ .....

Work Telephone ..... Std/ .....

11 PERSONAL HISTORY

Tick the appropriate boxes below. If you answer “Yes” to any of the questions, give details on the blank page at the back of this application form.

- A Have you ever been dismissed or been requested to resign from any employment?  
 Yes                       No
- B Have you ever been deported or extradited from any country or been required to leave, or been removed from, any country by any lawful authority?  
 Yes                       No
- C Have you ever been refused entry to any country?  
 Yes                       No
- D Have you ever been censured or disciplined by any professional body or the Casino Control Authority or the equivalent in any other country? (Proceedings before courts are dealt with below.)  
 Yes                       No
- E Have you ever been refused a gaming or liquor licence, or had a gaming licence or liquor licence revoked, or been a member of the executive or executive committee of a group or organisation which has been refused a gaming licence or liquor licence, or had a gaming or liquor licence revoked, for whatever reason, in any country?  
 Yes                       No



FIRST SCHEDULE—*continued*NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—*continued*“FIRST SCHEDULE—*continued*”

- F** Are you currently, or have you ever been, the subject of an investigation or inquiry by the Corporate Fraud Unit, the Securities Commission, or the Serious Fraud Office, or any other similar body in New Zealand or elsewhere?  
 Yes       No
- G** Are you, or have you ever been, disqualified or prohibited from being a director, or taking part in the management, of a company in New Zealand or elsewhere?  
 Yes       No
- H** Have you ever been required or asked to resign from any position of trust in any organisation, society, or sports club?  
 Yes       No
- I** Do you have, or have you ever held, in New Zealand or elsewhere a financial interest or an investment in a gambling venture such as a bookmaking operation, casino, dog, dog track, lottery, race horse, racing operation, or race track?  
 Yes       No
- J** Have you ever been convicted of any offence in any country (including any cases where you have been granted diversion)?  
 Yes       No
- K** Have you ever been the subject of court martial proceedings?  
 Yes       No
- L** Do you know of, or suspect that there are, any criminal proceedings pending against you in any country?  
 Yes       No
- M** Has any judgement or order in civil court proceedings relating to financial matters ever been made against you in any country?  
 Yes       No
- N** Do you know of, or suspect that there are, any civil court proceedings relating to financial matters pending against you in any country (excluding family proceedings)?  
 Yes       No
- O** Are your salary, wages, earnings, or other income subject to a court order or have they ever been subject to a court order?  
 Yes       No
- P** Have you ever had any property repossessed?  
 Yes       No
- Q** Are you, or have you ever been, bankrupt or subject to an order or arrangement under the bankruptcy or insolvency laws of any country?  
 Yes       No
- R** Are you directly or indirectly involved in the management of any company that is, or was at any time, in receivership or liquidation or

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

have you ever been directly involved in the management of any such company?

Yes  No

12 PROOF OF IDENTITY AND PHOTO

DO NOT FILL IN ANY PART OF THIS SECTION (NOT EVEN YOUR OWN NAME) YOURSELF. DO NOT WRITE (NOT EVEN YOUR OWN NAME) ON THE BACK OF THE PHOTO YOURSELF.

Get someone else (e.g. friend, workmate) to fill in this section. The person must:

- have known you for more than 12 months; and
• be over 18 years old; and
• have a day time contact telephone number; and
• not be a relative; and
• not live at the same address as you.

TO THE PERSON FILLING IN THIS SECTION:

Do not type this section. It must be filled out in your own handwriting. If you make a mistake you must cross it out clearly and sign your name beside any changes. Do not use correcting fluid. Do not give a P.O. Box number.

Identifier’s Name and Personal Details
Surname or Family Name

.....
First or Given Names

.....
Number and Street

.....
Town or City Country

.....
Date of Birth: Day/ Month/ Year/

.....
Place of Birth

You may be contacted by the Department or a member of the New Zealand Police. We must be able to contact you by telephone during normal working hours.

Home Telephone ..... Std/ .....

Work Telephone ..... Std/ .....

.....
Occupation

.....
Employer’s Name
Number and Street

.....
Town or City Country

.....
I am over 18 years old and I have known:
Surname or Family Name of person in the photo

.....

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

Given or First Names of person in the photo

personally for at least 12 months. I have completed this section of the form myself. On the back of one of the photos accompanying the application I, the identifier, have written the full name (not just the initials) of the applicant, signed my name, and put the date. To the best of my knowledge the information in this application form is true and the applicant is the person I have named.

Signature of Identifier .....
Date: Day/ Month/ Year/

[Attach Photo Here]

13 DECLARATION

This is a statutory declaration. Ensure that the information you have provided is true and correct. If it is found later that you have provided false or erroneous information your certificate of approval may be suspended or cancelled and you may face criminal proceedings. This section should be completed only in front of one of those persons listed below. There are people available to take statutory declarations at the Gaming Office.

I,
Full Name of Applicant
of
Residential Address
Occupation

solemnly and sincerely declare that
(a) I am the person identified in section 1 of this application;
(b) Except for the endorsement in section 12, I have personally completed this form and have supplied all the information indicated; and
(c) The particulars contained in this form are true and correct in every detail and fully disclose the information required to complete this form;

and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.
Declared

at this ..... day of ..... 19 .....

Signature of Applicant .....
Before me: .....
Signature of person authorised to take a statutory declaration\*

\*New Zealand Applications

FIRST SCHEDULE—continued

NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS—continued

“FIRST SCHEDULE—continued

Justice of the Peace; Solicitor of the High Court of New Zealand; Notary Public; (Deputy) Registrar of the High Court or District Court of New Zealand; Authorised officer of the Department of Internal Affairs or other person authorised to take declarations under the Oaths and Declarations Act 1957.

14 AUTHORISATION TO MAKE ENQUIRIES AND OBTAIN INFORMATION

I hereby authorise the Secretary for Internal Affairs acting by and through the Department of Internal Affairs, or the New Zealand Police, to make or cause to be made, in New Zealand or elsewhere, whatever enquiries are considered appropriate to verify or add to the information provided by me, or concerning me, and authorise such enquiries to be made both before and after the issue of a certificate of approval.

I hereby authorise and request all courts, police, service boards, employers, educational institutions, banks and other financial institutions, and all government agencies both foreign and domestic, and any other body or person to whom this authority may be presented to allow any accredited representative of the Department of Internal Affairs or of the New Zealand Police to inspect and obtain copies of any or all documents and records relating to me (either solely or jointly with any other person) and to provide that representative with all information relating to me which may be requested in the course of the enquiries described above.

Full Name of Applicant .....

Signature .....

Date: Day/ Month/ Year/ .....

Office Use Only

Checklist—Initial and Date

- (1) Application complete .....
(2) All forms of ID provided .....
(3) Declaration complete .....
(4) All pages initialled .....
(5) Passport size photo provided .....
(6) Fee received .....

Receipt No:

[New page]

Use this page for additional details. If further space is required, use separate sheet(s) of blank paper and affix securely to the application booklet.

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.....
.....”



1995/190

*Casino Control (Certificates of Approval and Warrants) Regulations 1994, Amendment No. 1*

995

SECOND SCHEDULE

Reg. 4

NEW THIRD SCHEDULE TO PRINCIPAL REGULATIONS

“THIRD SCHEDULE

Reg. 7

FORM OF CERTIFICATE OF APPROVAL UNDER SECTION 57 OF CASINO CONTROL ACT 1990

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THE CASINO CONTROL ACT 1990  
CERTIFICATE OF APPROVAL

Certificate of Approval Number

Surname

[Photo]

Given Name(s)

Signature of Holder

(This certificate should be signed immediately by the holder.)

This is to certify that the person whose name, photograph, and signature appear on this certificate of approval is authorised to be employed in a casino in any capacity referred to in section 52 of the Casino Control Act 1990.

Date of Issue

Secretary for Internal Affairs”

MARIE SHROFF,  
Clerk of the Executive Council.

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## EXPLANATORY NOTE

*This note is not part of the regulations, but is intended to indicate their general effect.*

These regulations, which come into force 28 days after the date of their notification in the *Gazette*, make changes to 2 of the forms required for the purposes of the Casino Control Act 1990 i.e. the form of the application for a certificate of approval and the form of the certificate of approval.

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Issued under the authority of the Acts and Regulations Publication Act 1989.  
Date of notification in *Gazette*: 7 September 1995.  
These regulations are administered in the Department of Internal Affairs.