



# Gaming Licensee Quarterly Report

*Casino Control Act 1982 (s.81)*

for

Quarter Ending \_\_\_\_\_, 20

## Name of Licensee(s):

(State name(s) of licensee(s) to which this return relates)

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## Name of Ultimate Holding Company

(If applicable):

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**Note:** This form must be completed in every particular. Each section must be filled out with information or "not applicable" inserted. No areas are to be left blank.

If this return relates to more than one licensee a separate schedule is required where information differs in respect to each licensee.

Office of Liquor and Gaming Regulation  
Locked Bag 180  
City East QLD 4002  
AUSTRALIA  
Telephone: 13 QGOV (13 74 68)

**Schedule 1**

**General Information on Licence Holder and Ultimate Holding Company**

1. Name of Licensee (s) \_\_\_\_\_

2. Details of change of Directors, Alternate Directors, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Company Secretary of licensee(s) since last quarterly report  
(If no change write 'No Change'):

Name	Position	Name	Position
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

3. Name of Ultimate Holding Company (if applicable)

\_\_\_\_\_

4. Details of change of Directors, Alternate Directors, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Company Secretary of holding company since last quarterly report (If no change write 'No Change'):

Name	Position	Name	Position
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

OLGR Office Use Only	Yes	No
Has there been a change to the individual associates?	<input type="checkbox"/>	<input type="checkbox"/>
If so, have the individual associates been approved?	<input type="checkbox"/>	<input type="checkbox"/>

## Schedule 2

### Share Registry and Company Structure of Licensee and Ultimate Holding Company

#### Licensee

1. List of shareholders with substantial holdings of greater than 5% of the voting power over company's shares as at the end of the quarter to which this return relates

Name *	Number of Shares with Voting Power	% of Voting Power

\* Please include name of institution which holds the shares

2. List of shareholders with substantial holdings of greater than 5% of the company's non-voting shares as at the end of the quarter to which this return relates

Name	Address	Number of Shares with Non-Voting Power	% of Non-Voting Shares Issued

**Schedule 2 (Continued)**

**3. List of top 20 registered shareholders in order of number of shares held as at the end of the quarter to which this return relates**

Name	Number of Shares Held	% of Total Issued Capital
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Total number shares held .....	<hr/>	<hr/>
		<b>%</b>
Total number of shares issued .....	<hr/>	<hr/>
		100%

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
Has there been any change in shareholders with greater than 5% holding?	<input type="checkbox"/>	<input type="checkbox"/>
Have all the substantial shareholders been approved?	<input type="checkbox"/>	<input type="checkbox"/>
Has the profile been updated?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule 2 (Continued)**

**Ultimate Holding Company (if applicable)**

- 1. List of shareholders with substantial holdings of greater than 5% of the voting power over company's shares as at the end of the quarter to which this return relates**

Name *	Number of Shares with Voting Power	% of Voting Power

\* Please include name of institution which holds the shares

- 2. List of shareholders with substantial holdings of greater than 5% of the company's non-voting shares as at the end of the quarter to which this return relates**

Name	Address	Number of Shares with Non-Voting Power	% of Non-Voting Shares Issued

**Schedule 2 (Continued)**

**3. List of top 20 registered shareholders in order of number of shares held as at the end of the quarter to which this return relates**

Name	Number of Shares Held	% of Total Issued Capital
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Total number shares held .....		
Total number of shares issued .....	<hr/>	<hr/>
	<hr/>	<hr/>
		%
	<hr/>	<hr/>
		100%

**4. Has the company undergone any changes in its company corporate structure during the quarter to which this report relates? (e.g. additional subsidiaries or changes to its related or affiliated companies). Yes/No**

**(If yes, provide full particulars)**

OLGR Office Use Only	Yes	No
Has there been any change in shareholders with greater than 5% holding?	<input type="checkbox"/>	<input type="checkbox"/>
Have all the substantial shareholders been approved?	<input type="checkbox"/>	<input type="checkbox"/>
Has the profile been updated?	<input type="checkbox"/>	<input type="checkbox"/>

### Schedule 3

#### Statement of Financial Performance of Licensee

For the Quarter Ending: \_\_\_\_\_, 20

Name of Licensee \_\_\_\_\_

Line	Description	Current Quarter  _____20	Corresponding Quarter Previous Year  _____20	% Change *
		<b>\$'000s</b>	<b>\$'000s</b>	
1	Total operating revenue			
2	Other revenue			
3	<b>Total revenue</b>			
4	Total operating expenses			
5	Other expenses			
6	<b>Total expenses</b>			
7	Profit before extraordinary and abnormal items			
8	Extraordinary or abnormal items			
9	Profit before tax			
10	Income Tax			
11	Profit after tax			

**Explanatory note:**

\* Details are to be provided where change greater than 20%

If this return relates to more than one licensee this schedule 3 is required for each licensee.

**Schedule 3 (Continued)**

**Statement of Financial Performance of  
Ultimate Holding Company (if applicable)**

For the Quarter Ending: \_\_\_\_\_, 20

Name of Holding Company \_\_\_\_\_

(Consolidated figures required)

Line	Description	Current Quarter	Corresponding Quarter Previous Year	% Change *
		_____20 \$'000s	_____20 \$'000s	
1	Total operating revenue			
2	Other revenue			
3	<b>Total revenue</b>			
4	Total operating expenses			
5	Other expenses			
6	<b>Total expenses</b>			
7	Profit before extraordinary and abnormal items			
8	Extraordinary or abnormal items			
9	Profit before tax			
10	Income Tax			
11	Profit after tax			

**Explanatory note:**

\* Details are to be provided where change greater than 20%

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
Have there been any significant changes in the financial performance of the Licensee or the Holding Company?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns with regard to these material changes?	<input type="checkbox"/>	<input type="checkbox"/>
Have the Licensee and the Holding Company made a profit before tax?	<input type="checkbox"/>	<input type="checkbox"/>



**Schedule of Overdue Accounts Receivable (greater than 120 days)  
(Consolidated Figures required)**

**As at: \_\_\_\_\_, 20**

**Name of Licensee** \_\_\_\_\_

Name of Group Company	Name of Debtor	Total Amount of Debt \$	Amount overdue by more than 120 days*

**Explanatory note:**

\* Only include Accounts Receivable where portion more than 120 days overdue is greater than \$½ million.

Please provide details of the overdue account including reason for it being overdue and nature of the debt.

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
Could the overdue accounts receivable impact on the profitability of the licensee or its holding company?	<input type="checkbox"/>	<input type="checkbox"/>
If applicable have overdue accounts of Queensland clubs or hotels been referred to the investigation section?	<input type="checkbox"/>	<input type="checkbox"/>

## Schedule 5

### Schedule of Contingent Liabilities (All Group Companies)

As at: \_\_\_\_\_, 20

Name of Group Company	Nature of Liability	Name of Other Party (if applicable)	Estimated Amount of Liability \$ *	Expected Crystallisation Date

#### Explanatory note:

\* Only include details where amount of contingent liability exceeds \$½ million

Only include those matters not covered by the company's insurance policy

OLGR Office Use Only	Yes	No
Could these contingent liabilities impact on the licensee or the group's profitability?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule 6**

**Schedule of Joint Venture Agreements  
(All Group Companies)**

For the Quarter Ending: \_\_\_\_\_, 20

**Changes Since Previous Quarter**

<b>Name of Group Company</b>	<b>Name of Joint Venture Partner(s)</b>	<b>Details of Agreement</b>	<b>Location of Venture (Country)</b>	<b>Value of Contribution \$*</b>

**Explanatory note:**

\* Only include details where amount of contribution exceeds \$½ million

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
If there is a joint venture agreement, have internet and media searches been completed with regard to the parties involved?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule 7**

**Schedule of Legal Action Commenced  
(All Group Companies)**

For the Quarter Ending: \_\_\_\_\_, 20

(Including criminal and civil action, bankruptcy proceedings and  
Australian Securities and Investments Commission action)

Name of Group Company	Name of Other Party	Group Company Defendant or Appellant	Date of Action	Civil/Criminal Action	Details of Action/Outcome

**Explanatory note:**

Details only to be provided where expected outcome of civil action is greater than \$½ million

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
Could this action impact on the suitability of the licensee or the group?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule 8**

**Schedule of Legal Action Commenced  
Executive Officers**

For the Quarter Ending: \_\_\_\_\_, 20

(Including criminal and civil action, bankruptcy proceedings and Australian Securities and Investments Commission action, but excluding traffic offences)

(All executive officers for all group companies including Directors, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Secretary)

Name of Executive Officer	Name of Other Party	Officer Defendant or Appellant	Date of Action	Civil/Criminal Action	Details of Action/Outcome

**Explanatory note:**

Details only to be provided where expected outcome of civil action is greater than \$½ million

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
Could this action impact on the suitability of the individual associates of the licensee?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule 9**

**Schedule of Notices Issued  
(All Group Companies)**

For the Quarter Ending: \_\_\_\_\_, 20

**(Australian Stock Exchange, Australian Securities and  
Investments Commission and Shareholder Notices)**

<b>Name of Notice</b>	<b>Notice Number</b>	<b>Date of Notice</b>	<b>Details of Notice</b>

<b>OLGR Office Use Only</b>	<b>Yes</b>	<b>No</b>
Do any of these notices have potential to impact on the profitability of the company, and/or the suitability of it or its associates?	<input type="checkbox"/>	<input type="checkbox"/>

## Schedule 10

### Schedule of Enquiries from Other Regulatory Agencies (All Group Companies and their Associates)

(Including Australian Securities and Investments Commission and  
Other Gaming Regulators)

For the Quarter Ending: \_\_\_\_\_, 20

Name of Regulator	Date of Enquiry	Contact Name/ Contact Number	Details of Enquiry

#### Explanatory note:

Only include matters which reflect on the probity of the licensee or any other company of which it is associated.

#### OLGR Office Use Only

Do any of these enquiries have potential to impact on the profitability of the company and/or the suitability of it or its associates?

Yes

No

## CERTIFICATE

I, \_\_\_\_\_

hereby declare as follows:

(a) I hold the position of \_\_\_\_\_

in \_\_\_\_\_  
*(Name of Corporation)*

and am duly authorised to complete this form (*authority to complete should be minuted*).

(b) I certify that, from the information available to me, the particulars contained herein are true and correct in every detail and fully disclose the information required to complete this form.

SIGNED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*

In the presence of:

\_\_\_\_\_  
*(Signature of Witness)*

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Telephone Number of Witness: ( \_\_\_\_ ) \_\_\_\_\_



## **IMPORTANT PRIVACY STATEMENT**

The Office of Liquor and Gaming Regulation (OLGR) is collecting the information on this form so that it can meet its responsibilities as authorised in legislation which governs the use of this form. OLGR may need to give some or all of this information to other organisations or individuals as provided for in the legislation. OLGR may publish summary information on our website ([www.business.qld.gov.au/liquor-gaming](http://www.business.qld.gov.au/liquor-gaming)).

OLGR is committed to protecting your privacy and will comply with the Queensland Treasury Privacy Plan.

If you require any clarification of this Privacy Statement and its application for this form, please contact OLGR for further advice.