

DEED OF RELEASE AND INDEMNITY

THIS DEED OF RELEASE is made between

Name: _____ _____

Address: _____ _____ _____ _____ _____

Date of Birth: ____/____/____	Place of Birth: _____
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(hereinafter referred to as "the releasor") of the one part and the Commissioner of Police of the Northern Territory, his servants and agents, (hereinafter referred to as "the releasee") of the other part.

WHEREAS

1. The releasor is desirous that the Territory and Director of Licensing properly inform themselves of the suitability and probity of the releasor to be involved in or associated with the gambling industry in the Northern Territory.
2. The releasee may be in possession of information concerning the releasor (hereinafter referred to as "the information") which is of assistance to the Territory and Director of Licensing in informing themselves as to the suitability and probity of the releasor to be involved in or associated with the gambling industry in the Northern Territory.
3. The releasor is desirous of the Territory and Director of Licensing having access to the information for the purpose described in clause 2 hereof.
4. The releasor acknowledges that he may have certain rights and remedies at law and/or in equity in relation to any supply or publication of the information.

NOW THIS DEED WITNESSETH:

- (a) The releasor requests and authorises the releasee to supply the information to the Territory and Director of Licensing.
- (b) The releasor undertakes that he will at all times well and sufficiently indemnify the releasee and keep the releasee indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the releasee or incurred or become payable by the releasee in respect thereof.

IN WITNESS WHEREOF

The releasor has hereunder affixed his hand and seal on the date below mentioned.

Signed sealed and delivered by:

_____ L.S.

RELEASOR

_____/_____/_____

DATE

COMPANY INFORMATION

Please provide the following:

1. *Full details of the company, including;*
 - Registered company name(s) and trading name(s) including ACN number
 - Registered address
 - Address of other offices (if any)
 - Purpose of the company
 - Paid up capital in the company
 - Names of company officers (Directors, Secretary and Senior Management staff)
 - Name, address and date of birth for each employee of the company who will have direct contact with NT licensing, gaming, wagering or private security. Include sales representatives, maintenance personnel, etc. (note: a separate indemnity form will be required for each employee)
 - Details of the company's financial statements for the past three years
2. *For each Director, Company Secretary and other Senior Office Holder and employee having direct contact with users or this Authority, eg: technicians etc;*
 - Full name
 - Date of birth
 - Place of birth
 - Current residential address
 - Office held
 - Offices held in other companies (if any)
 - Details of criminal convictions (if any)
 - Details of criminal investigations or prosecutions pending (if any)
 - A signed indemnity form.
3. *Full name and percentage of stock held for each shareholder controlling five (5) percent or more of the company's stock. Where such a shareholder is a company;*
 - Registered company name(s) and trading name(s)
 - Full names of the principals of the company
 - Registered address
 - Percentage of stock held.
4. *For each company which is a subsidiary of, or controlled by your company;*
 - Registered company name(s) and trading name(s)
 - Purpose of the company
 - Paid up capital of the company
5. *Any other information which you consider relevant to the application.*