

# Third Party Application for Customer Exclusion

(Name of Applicant	 )				
Of					
(Address of Applicant)					
		(address)			
Request that Crowr	n Sydney Gaming Pt	y Ltd ( <b>Crown Sydney</b> ) consider excludin			
(Name of Customer	)				
(Address of Custom					
(telephone contact	details)				
(Date of Birth)					
(Relationship to Ap	 plicant)				

In making this Third Party Application for Customer Exclusion (**Application**) in respect of the Customer named above, I acknowledge and agree to the following:

- 1. I am making this Application in the best interests of the Customer.
- 2. I understand that this Third Party Application for Customer Exclusion does not place any obligation, duty or responsibility on any person.
- 3. Crown Sydney will determine in its sole discretion whether the Customer will be issued with an exclusion order in relation to this Application.
- 4. I release and indemnify Crown Sydney against any claim, liability, loss, damages, costs, fines, penalties, causes of action and expenses including legal costs that Crown Sydney may incur because of this Application.
- 5. I consent to Crown Sydney collecting, recording, storing, using and disclosing my personal and sensitive information in accordance with the Privacy Collection Statement.

#### **Privacy Collection Statement**

Crown 'uses' (by collecting, recording, storing, using and disclosing) your personal information and sensitive information to manage and process your application for third party customer exclusion and to communicate with you. Crown uses facial recognition technology at its premises to identify, exclude or remove individuals who may lawfully be denied access to its premises, and for other purposes relating to gaming integrity and compliance, safety and security and preventing illegal or undesirable activities. Crown collects from and discloses

your personal information and sensitive information to third parties including: Crown's associated entities; Liquor and Gaming NSW and/or the NSW Independent Casino Commission, the Victorian Gambling and Casino Control Commission and the Gaming and Wagering Commission of Western Australia; any third parties that provide services to Crown relating to your exclusion; and overseas recipients. If you do not agree to the 'use' of this information, Crown will be unable to manage your exclusion. Please refer to Crown's respective privacy policies for full details. Crown's privacy policies are available at each property's website and contain information about how you may access or correct your personal information and/or complain about a privacy breach and how Crown will deal with such a complaint. Crown Melbourne Limited, +613 9292 8888, Burswood Nominees Limited trading as Crown Perth +61 8 9362 7777, Crown Sydney Gaming Pty Ltd +61 2 8871 6666. A reference to Crown includes Crown Sydney Gaming Pty Ltd, Crown Melbourne Limited and Burswood Nominees Limited.

6.	Crown Sydney will contact me in relation to this application via telephone, and also in writing, whe will need to be mailed or emailed. My preferred mail delivery method is:				
		○ email	○ mail		
Signature of Applicant		Name of Ap	pplicant		
 Date:					

#### Instructions:

- 1. Please answer the questions on the pages that follow, and attach additional pages as necessary. Applying for a Third Party Exclusion is a serious undertaking. Please provide as much detail and factual information in relation to your application as possible.
- 2. Complete the Statutory Declaration attached. The Statutory Declaration must attach a copy of your completed Application and be completed to indicate that "the contents of the Third Party Application for Customer Exclusion attached to this Statutory Declaration are true and correct"), signed by you and witnessed by an authorised witness. A list of authorised witnesses is attached.

1. Is the Customer aware that you are seeking to have them excluded from the Casino? Yes No 2. Do you consent to Crown Sydney advising the Customer that you have contacted us? Yes No 3. In seeking to raise these concerns with the Customer, are we able to discuss with them the information that you have provided to us? No 4. Are you concerned about how the Customer may react if they learn about your application? Yes If yes, please describe your concerns: 5. Are you concerned about your safety in regards to the Customer's current behaviour (for example, has their gambling caused changes in their behaviour, such as irritability, aggression etc.)? Yes No If yes, please describe your concerns:

Please note when the term 'the Customer' is used throughout this document it refers to the individual you are

requesting to have excluded from the Casino.

Are you concerned about <b>the Customer's</b> safety and/or welfare in regards to their current behaviour (for example, has their gambling caused depression, stress or anxiety, do they owe people money they
cannot repay etc.)?
Yes □ No □
If yes, please describe your concerns:
6. Does the Customer believe that he/she has problematic gambling behaviours?
Yes
Please describe what you believe to be the customer's view of their own gambling:
7. Has the Customer ever been excluded (either voluntarily or involuntarily) from Crown Sydney or
any other Casino that you are aware of?
Yes □ No □ Unsure □
If yes, please provide details of the exclusion that you are aware of, including which Casino, the period
of the exclusion and the reasons for the exclusion:

3.	$Please\ provide\ some\ history\ and\ background\ information\ regarding\ the\ Customer's\ gambling\ (for all the custom$					
	example, when you believe their gambling problems began, what may have caused them to have					
	problems with their gambling, how often do they gamble etc.):					
_						
	How does the Customer's gambling affect you, your family or those close to you (consider					
	financially, emotionally, socially, physically, medically)?					
	Thirdhelany, emotionally, socially, physically, medically).					
_						
١.	Do you believe the Customer's gambling is negatively impacting their life (again consider					
	financially, emotionally, socially, physically, and medically)?					
	Yes □ No □					
	ves, please describe:					
_						

11. Is the Cust	tomer's gam	bling negat	ively impact	ing any other indivi	duals (for example, children,
friends, the	eir employer,	etc.)?			
Yes		No			
If yes, please o	describe who	it is impact	ing and how	:	
12. Has the Cu	<b>stomer</b> taker	any steps	that you are	aware of to deal with	their gambling behaviours in
the past (f	or example,	attempting	to stop or r	educe gambling, pla	cing financial limits on credit
cards, etc.)	)?				
Yes		No		Unsure $\square$	
Please provide	e details:				
-					
					_
13. Have <b>vou</b> t	aken anv stei	os to reduce	the negativ	e effects of the Custo	omer's gambling (for example,
	neir access to				
Yes		No	,·		
If yes, please o	- Hescribe:		_		
ii yes, piease e	acscribe.				

gambling? Yes		No		Unsure $\square$	
	_		_	r of sessions, any positive impacts of cou	ınselline
i yes, piease į	orovide detai	is (101 exait	ipie, numbe	Tot sessions, any positive impacts of cot	1113C111118
				ling? Please provide details such as en	nploym
pensions, r	money borro	wed to fund	d gambling,	assets sold to fund gambling, etc.:	
16. Are there	e other issue	s that the C	Customer is	dealing with that may be affecting the	ir gamb
				dealing with that may be affecting the aration etc.)?	ir gamt
					ir gamt
behaviou Yes	ır (for examp □	le, grief, los	s of job, sep		ir gamb
behaviou Yes	ır (for examp □	le, grief, los	s of job, sep		ir gamb
behaviou Yes	ır (for examp □	le, grief, los	s of job, sep		ir gamb
behaviou	ır (for examp □	le, grief, los	s of job, sep		ir gamb
behaviou Yes	ır (for examp □	le, grief, los	s of job, sep		ir gamb
behaviou Yes	ır (for examp □	le, grief, los	s of job, sep		ir gamk

17. Please provide any further information you believe may be use ful for Crown Sydney to assess the
extent to which the Customer's gambling is a problem:
19. The following information can assist us in monitoring the Customer's gambling, so please provide
as much information as you can:  a) What days does the Customer frequent the casino?
a) What days does the customer frequent the casino:
b) What times does the Customer frequent the casino?
c) What games does the Customer play?
d) valle and the desired and the Containing and the
d) Where in the casino does the Customer normally play?
e) Does customer have a Crown Loyalty Program/Membership card?

** Please also attach a recent photo of the Customer to this application. This will assist confirmation				
of the customer's identity.				
<u>Checklist:</u>				
Completed Application Form				
Photo of Customer				
Photo ID (Applicant)				
Completed and witnessed				
Statutory Declaration				
Other documentation				
Important Note - Crown Sydney should only be provided with documents you are legally entitled				
to access and that have not been obtained surreptitiously.				

Statutory Declaration
OATHS ACT 1900, NSW, NINTH SCHEDULE

I,	, of	
	[name of declarant]	[residence]
do l	hereby solemnly declare and affirm that	
	[the facts to be stated according to the declarant's	knowledge, belief, or information, severally]
And	d I make this solemn declaration, as to the	matter (or matters) aforesaid, according
	he law in this behalf made – and subject to	,
	fully false statement in any such declaration	
VVIII	uny raise statement in any such declaration	1.
Dec	clared at: on	
	[place]	[date]
		[signature of declarant]
in th	ne presence of an authorised witness, who state	es:
l,	, a	
	[name of authorised witness]	[qualification of authorised witness]
	tify the following matters concerning the makir	
who	o made it: [* please cross out any text that does no	
1.	*I saw the face of the person OR*I did not se	e the face of the person because the person
	was wearing a face covering, but I am satisfie	d that the person had a special justification
	for not removing the covering, and	
2.	*I have known the person for at least 12 months C	$R^*$ I have confirmed the person's identity using
	an identification document and the document I relie	ed on was
		[describe identification document relied on]
		[2230.00 /do.m.nod.on document follow on]
	[signature of authorised witness]	[date]

<sup>&</sup>lt;sup>1</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018)

## From the Registrar General's Guidelines (obtained November 2020)

## **Statutory declaration**

## What is a statutory declaration?

A statutory declaration is a written statement which the person making it ('the declarant') declares before an authorised witness (who is said to 'take' the declaration) to be true to the best of his or her knowledge and belief, and which is signed by the declarant before an authorised witness - see Affidavits below.

## Who may make a statutory declaration?

A statutory declaration is a personal statement, and therefore must be made and signed by a natural person. As such, it cannot be made or signed by a corporation or by any person on behalf of another.

## **Corporations**

Where a declaration regarding the affairs of a corporation is required, the declarant must be an authorised officer of the corporation who makes the declaration in his or her own right.

## **Attorneys**

Where an attorney needs to make a statutory declaration regarding the affairs of the person from whom he or she received the power of attorney ('the donor'), it must be made in the attorney's own right and under the attorney's own name, not in his or her capacity as attorney, though the fact of being the donor's attorney may be included in the declaration.

### Who may take a statutory declaration?

A statutory declaration must be taken by a person holding a position specified by the relevant Act as one which entitles the holder to take a statutory declaration (i.e. the person must be an 'authorised witness'). In New South Wales, an authorised witness must be a:

- justice of the peace
- notary public
- commissioner of the court for taking affidavits
- legal practitioner, i.e. an Australian lawyer who is granted a practising certificate under:
  - Part 3.3 of the Legal Profession Uniform Law (NSW) as applied in a participating jurisdiction; or
  - a law of a non-participating jurisdiction entitling the lawyer to engage in legal practice; or
- any person authorised to administer an oath.

The name and capacity of the authorised witness must be stated, and in the case of a justice of the peace the relevant registration number or details of appointment must be provided. The authorised witness's address is not required. See sections 21 and 27 Oaths Act 1900.

#### Identification of the declarant

Where the declaration is made in New South Wales, the authorised witness must:

- see the face of the declarant\*, and
- have known the declarant for at least 12 months or sight an original or certified copy of an identification document in respect of the declarant, and
- certify on the declaration that the above requirements have been met.

\*An authorised witness may request the declarant to remove so much of any face covering as prevents the authorised witness from seeing the declarant's face, however the authorised witness is exempted from this requirement if satisfied that the declarant has a special justification for not removing the face covering. The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018). See s34 Oaths Act 1900 and pt2 Oaths Regulation 2017.

## Legislation and penalties

In New South Wales, a statutory declaration is made pursuant to the provisions of the Oaths Act 1900. The Oaths Act provides penalties for making a false declaration, and for taking a declaration without authority (i.e. without being an authorised witness).

## Form of a statutory declaration in New South Wales

A statutory declaration made in New South Wales must be, or must in effect be, in the form given in either the Eighth or Ninth Schedule of the Oaths Act 1900. The date and place of the declaration must be stated.