

REPUBLIC OF VANUATU

CASINO (CONTROL) ACT No. 6 OF 1993

CASINO (FORMS) (REGULATIONS) ORDER NO. 25 OF 1993

To prescribe certain forms for the purpose of the Casino (Control) Act No. 6 of 1993.

IN EXERCISE of the powers conferred by sections 4 and 7 of the Casino (Control) Act No. 6 of 1993, I, WILLIE JIMMY, Minister of Finance, make the following regulations:-

INTERPRETATION

1. For the purposes of this Regulation "Act" means the Casino (Control) Act No. 6 of 1993.

APPLICATION FORM FOR A CASINO LICENCE

2. Every application for a casino licence made to the Minister in accordance with section 4 of the Act shall be in the form set out in Schedule 1.

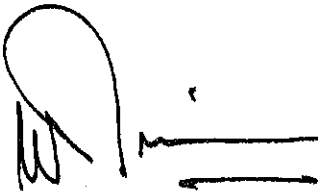
FORM OF THE CASINO LICENCE

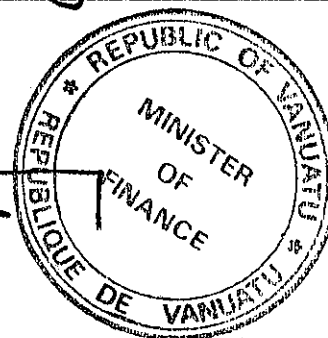
3. A casino licence granted by the Minister in accordance with section 2 of the Act shall be in the form set out in Schedule 2.

COMMENCEMENT

4. These Regulations shall come into force on the date of its signature.

MADE at Port Vila, this 19th day of July, 1993.


WILLIE JIMMY
Minister of Finance



SCHEDULE 1

REPUBLIC OF VANUATU

<p><u>APPLICATION FOR A CASINO LICENCE</u> <i>(Section 4 of the Casino Control Act No.6 of 1993)</i></p> <p><u>TO BE SENT TO :</u></p> <p>MINISTER OF FINANCE PRIVATE MAIL BAG 058 PORT VILA - VANUATU</p> <p>Tel. No. 23032 FAX (678) 25732</p>	<p>FOR OFFICIAL USE</p> <p>Date Received : _____</p> <p>Approved/Refused by Minister : _____ Date : _____</p> <p>Amount of Licence Fee Paid : VT _____ Receipt Number : _____ Date : _____</p> <p>Casino Licence Number : _____</p> <p>Application CM Ref. No. : _____</p>
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DETAILS OF APPLICANT

1. NAME OF APPLICANT : _____

2. ADDRESS : _____

TELEPHONE : _____ FAX: _____

3. STATUS OF APPLICANT : _____
(Proprietor, Manager, Secretary, Director etc.)

4. NATIONALITY OF APPLICANT : _____ PASSPORT No. _____

5. NAME OF PROPOSED CASINO LICENSEE : _____

6. BUSINESS CONSTITUTION TYPE : _____
(Sole Trader, Partnership, Limited Company etc.)

7. BUSINESS OR TRADING NAME : _____

Is this name registered with the Registrar of Business Names ?

YES/NO (delete as appropriate)

Registration No. _____ Expiry Date : _____

8. DETAILS OF FINANCIAL RESOURCES TO ENSURE THE FINANCIAL VIABILITY OF THE CASINO.
(A Joint Trust Account and or Bond and or Bank Guarantee may be required)

9. DETAILS OF PREVIOUS EXPERIENCE IN THE MANAGEMENT AND OPERATION OF A CASINO AND OR DETAILS OF ANY AGREEMENT TO SECURE THE SERVICES OF PERSONS WHO HAVE SUFFICIENT EXPERIENCE IN THE MANAGEMENT AND OPERATION OF A CASINO.

10. HAVE YOU EVER BEEN CONVICTED OF A BETTING, GAMING, CASINO, CUSTOMS OR TAX OFFENCE EITHER IN VANUATU OR IN AN OVERSEAS COUNTRY ?

YES/NO (delete as appropriate)

If yes, please attach statement giving full particulars of offence, conviction date, location and penalty imposed.

DETAILS OF PREMISES TO BE USED AS A CASINO

11. LOCATION : _____
(Street Name or Area)

12. DESCRIPTION : _____
(Name of Resort, Hotel, Club or Building)

13. NAME OF OWNER OF PREMISES : _____
(If Limited Company state address of Registered Office)

14. BUSINESS LICENCE No. _____ LIQUOR LICENCE No. _____

DO YOU SUBMIT MONTHLY RETURNS AND PAY TAX UNDER THE HOTEL AND LICENSED PREMISES ACT ?

15. WHAT PART(S) AND OR AREAS OR ROOMS OF THE PREMISES DO YOU WISH DESIGNATED AS A CASINO ?
(Attach full details including layout plans/drawings).

16. DETAILS OF FIRE PRECAUTIONS AND EXITS INSTALLED OR AVAILABLE ON THE PREMISES :

17. DETAILS OF SECURITY MONITORING SYSTEMS (EG. CAMERAS) INSTALLED IN THE CASINO :

18. DESCRIPTION AND TYPE OF GAMES, GAMING EQUIPMENT, SLOT MACHINES, GAMING TABLES TO BE OPERATED :
(Number of Machines and or Tables plus Name, Model and Serial Numbers)

19. DO YOU OWN THE ABOVE GAMING MACHINES/TABLES/EQUIPMENT ? YES/NO

If NO please attach full details of any leasing agreements or other arrangements re ownership.

20. PROPOSED COMMENCEMENT DATE OF CASINO OPERATIONS : _____

21. PERIOD FOR WHICH CASINO LICENCE REQUESTED : FROM : _____ TO : _____

DECLARATION

22. I HAVE READ THE CASINO CONTROL ACT No. 6 OF 1993 AND UNDERTAKE TO ABIDE BY THE PROVISIONS CONTAINED THEREIN.

HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANTS SIGNATURE : _____

APPLICANTS NAME : _____

(PLEASE PRINT)

DATE : _____

REPUBLIC OF VANUATU

(LOGO)

CASINO LICENCE		No.
<i>(ISSUED UNDER SECTION 7 OF THE CASINO CONTROL ACT NO.6 OF 1993)</i>		
Name of the Casino Licensee : _____		
Address in Vanuatu for Service of Documents : _____		
Name of the Casino : _____		
Location of and those Areas Constituting the Casino Premises : _____ _____ _____		
Duration of Licence : From : _____ To : _____		
New/Renewal : _____		
Terms and Conditions of Issue of Licence : _____ _____ _____ _____ _____		
Date of Issue : _____		ISSUING OFFICE STAMP
Amount of Licence Fee Paid : VT _____		
Official Government Receipt No. : _____		
Date of Expiration of Licence : _____		
Name of Issuing Officer : _____		
Signature of Issuing Officer : _____		