

REPUBLIC OF VANUATU

BETTING (CONTROL) ACT NO. 1 OF 1993

BETTING (FORMS) REGULATIONS NO. 11 OF 1993

To prescribe certain forms for the purpose of the Betting (Control) Act No. 1 of 1993.

IN EXERCISE of the powers conferred by subsection (2)(a) of Section 61 of the Betting (Control) Act No.1 of 1993, I, WILLIE JIMMY, Minister of Finance, make the following regulations:-

**INTERPRETATION**

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

**APPLICATION FORM FOR A TOTALIZATOR OPERATOR'S LICENCE**

2. Every application for a totalizator operator's licence made to the Minister in accordance with subsection (1) of section 5 of the Act shall be in the form set out in Schedule 2.

**APPLICATION FORM FOR A BOOKMAKER'S PERMIT**

3. Every application for the grant of a bookmakers' permit made to the Minister in accordance with subsection (1) of section 27 shall be in the form set out in Schedule 1.

**TOTALIZATOR OPERATOR'S RETURN**

4. Every licence holder shall within 14 days after the holding of each betting even, submit to the Minister, returns respect of such betting event in the form set out in Schedule 3.

**BOOKMAKER'S RETURN**

5. Every bookmaker shall, within 14 days after the holding of each betting event, submit to the Minister returns in respect of such betting event in the form set out in Schedule 4.

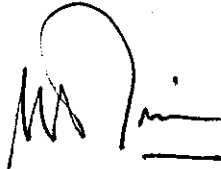
**FORM OF LICENCE AND PERMIT**

6. A totalizator operator's licence and a bookmaker's permit granted in accordance with subsection (1) of section 6 and subsection (1) of section 28 respectively, shall be in the form set out in Schedule 5.

COMMENCEMENT

7. These Regulations shall come into force on the date of its publication in the Gazette.

MADE at Port Vila, this 19<sup>th</sup> day of March, 1993.



WILLIE JIMMY  
Minister of Finance



SCHEDULE I

REPUBLIC OF VANUATU

APPLICATION FORM

FOR

BOOKMAKERS PERMIT

(BETTING (CONTROL) ACT NO. 1 OF 1993)

TO BE SENT TO :

MINISTER OF FINANCE,  
PRIVATE MAIL BAG 058,  
PORT VILA - VANUATU.

TEL. : 23032 FAX (678) 25732

FOR OFFICIAL USE

DATE RECEIVED : \_\_\_\_\_

APPLICATION REF NO : \_\_\_\_\_

APPROVED/REFUSED BY MINISTER : \_\_\_\_\_

PERMIT FEE VT : \_\_\_\_\_

DATE PAID : \_\_\_\_\_

RECEIPT NUMBER : \_\_\_\_\_

PERMIT NUMBER : \_\_\_\_\_

BANK ACCOUNT NAME : \_\_\_\_\_

BANK ACCOUNT NUMBER : \_\_\_\_\_

DETAILS OF APPLICANT

1. NAME OF APPLICANT : \_\_\_\_\_

2. ADDRESS OF APPLICANT : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_

3. STATUS OF APPLICANT : \_\_\_\_\_

(Owner, Principal, Partner, Director, Manager etc)

4. NATIONALITY OF APPLICANT : \_\_\_\_\_

PASSPORT NO : \_\_\_\_\_

5. FULL NAMES OF ALL NON-CITIZEN OWNERS, SHAREHOLDERS, PARTNERS, PRINCIPALS, EMPLOYEES TO BE ENGAGED IN THE BUSINESS IN VANUATU.

Names	Vanuatu Residency Permit Number	Expiry Date	Status

6. BUSINESS CONSTITUTION TYPE : \_\_\_\_\_

(Sole Trader, Partnership, Limited Company etc)

**7. BUSINESS OR TRADING NAME :**

(If different from (6) above. Is this name registered with the Registrar of Business Names ?

YES/NO (delete as appropriate)

Registration No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

**8. HAVE YOU EVER BEEN CONVICTED OF A BETTING, GAMING, BOOKMAKING, TOTALIZATOR BETTING, CUSTOMS OR TAX OFFENCE EITHER IN VANUATU OR IN ANY OVERSEAS COUNTRY ?**

YES/NO (delete as appropriate)

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

**9. PLEASE PROVIDE DETAILS OF PAST EXPERIENCE AS A BOOKMAKER.**


**10. DETAILS OF CASH AVAILABLE IN VANUATU TO ENSURE FINANCIAL VIABILITY OF PROPOSED BOOKMAKING OPERATIONS.**

NAME OF BANK	BRANCH	ACCOUNT NUMBER	BANK BALANCE VT

**11. REFEREES : PLEASE ATTACH THREE (3) RECENT WRITTEN REFERENCES AS UNDER.**

- (i) Character Reference.
- (ii) Bookmaker Competence Reference
- (iii) Bankers Reference/Opinion (A Joint Trust Account and or Bank Guarantee may be required).

**SCHEDULE 2**

<p align="center"><u>REPUBLIC OF VANUATU</u></p> <p align="center"><u>APPLICATION FORM</u></p> <p align="center"><u>FOR</u></p> <p align="center"><u>TOTALIZATOR OPERATORS LICENCE</u> (BETTING (CONTROL) ACT NO. 1 OF 1993)</p> <p><u>TO BE SENT TO :</u></p> <p>MINISTER OF FINANCE, PRIVATE MAIL BAG 058, PORT VILA - VANUATU.</p> <p>TEL. : 23032 FAX (678) 25732</p>	<p align="center"><u>FOR OFFICIAL USE</u></p> <p><u>DATE RECEIVED :</u> _____</p> <p><u>APPLICATION REF NO :</u> _____</p> <p><u>APPROVED/REFUSED BY MINISTER :</u> _____</p> <p><u>LICENCE FEE VT :</u> _____</p> <p><u>DATE PAID :</u> _____</p> <p><u>RECEIPT NUMBER :</u> _____</p> <p><u>LICENCE NUMBER :</u> _____</p> <p><u>BANK ACCOUNT NAME :</u> _____</p> <p><u>BANK ACCOUNT NUMBER :</u> _____</p>
---	--

DETAILS OF APPLICANT

1. NAME OF APPLICANT : \_\_\_\_\_  
\_\_\_\_\_
2. ADDRESS OF APPLICANT : \_\_\_\_\_  
\_\_\_\_\_ TELEPHONE : \_\_\_\_\_
3. STATUS OF APPLICANT :  
(Owner, Principal, Partner, Director, Manager etc)
4. NATIONALITY OF APPLICANT : \_\_\_\_\_ PASSPORT NO : \_\_\_\_\_
5. FULL NAMES OF ALL NON-CITIZEN OWNERS, SHAREHOLDERS, PARTNERS, PRINCIPALS, EMPLOYEES TO BE ENGAGED IN THE BUSINESS IN VANUATU.

Names	Vanuatu Residency <u>Permit Number</u>	Expiry Date	Status

6. BUSINESS CONSTITUTION TYPE :  
(Sole Trader, Partnership, Limited Company etc)
  7. BUSINESS OR TRADING NAME : \_\_\_\_\_  
(If different from (6) above. Is this name registered with the Registrar of Business Names ?  
  
YES/NO (delete as appropriate)
- Registration No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

DETAILS OF PREMISES TO BE USED FOR BOOKMAKING.

12. LOCATION :  
(Street Name)
13. DESCRIPTION :  
(Name of Building etc)
14. ARE YOU RENTING OR LEASING THE PREMISES ? YES/NO
15. NAME OF LESSOR OR LANDLORD :
16. NAME OF OWNER OF PREMISES :  
If Limited Company state address of Registered office.
17. DETAILS OF ALL EQUIPMENT, RECORDING DEVICES, AUTOMATIC RECORDERS, ELECTRONIC/TELECOMMUNICATION MACHINES TO BE USED IN THE OPERATION OF OR IN CONNECTION WITH BOOKMAKING OPERATIONS.

DESCRIPTION	FUNCTION	SERIAL NUMBERS

PERMIT PERIOD

18. PROPOSED COMMENCEMENT DATE :
19. PERIOD FOR WHICH PERMIT APPLIED FOR : FROM TO

DECLARATION.

20. I HAVE READ THE BETTING (CONTROL) ACT NO. 1 OF 1993 AND UNDERTAKE TO ABIDE BY THE PROVISIONS CONTAINED THEREIN.

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

APPLICANT'S SIGNATURE : \_\_\_\_\_

APPLICANTS NAME : \_\_\_\_\_

Please print

DATE : \_\_\_\_\_

8. HAVE YOU EVER BEEN CONVICTED OF A BETTING, GAMING, BOOKMAKING, TOTALIZATOR BETTING, CUSTOMS OR TAX OFFENCE EITHER IN VANUATU OR IN ANY OVERSEAS COUNTRY ?

YES/NO (delete as appropriate)

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

9. PLEASE PROVIDE DETAILS OF PAST EXPERIENCE IN THE ESTABLISHMENT, USE AND OPERATION OF TOTALIZATORS AND TOTALIZATOR BETTING FACILITY.

10. DETAILS OF CASH AVAILABLE IN VANUATU TO ENSURE FINANCIAL VIABILITY OF PROPOSED TOTALIZATOR OPERATIONS

NAME OF BANK	BRANCH	ACCOUNT NUMBER	BANK BALANCE VT

11. REFEREES : PLEASE ATTACH THREE (3) RECENT WRITTEN REFERENCES AS UNDER.

(i) Character Reference.

(ii) Totalizator Competence Reference

(iii) Bankers Reference/Opinion. (A Joint Trust Account and or Bank Guarantee may be required).

DETAILS OF PREMISES TO BE USED FOR TOTALIZATOR BETTING.

12. LOCATION :  
(Street Name)

13. DESCRIPTION :  
(Name of Building etc)

14. ARE YOU RENTING OR LEASING THE PREMISES ? YES/NO

15. NAME OF LESSOR OR LANDLORD :

16. NAME OF OWNER OF PREMISES :  
If Limited Company state address of Registered office.

17. DETAILS OF THE TOTALIZATOR AND ANY MACHINERY OR EQUIPMENT TO BE USED IN THE OPERATION OF OR IN CONNECTION WITH THE TOTALIZATOR BETTING FACILITY :

DESCRIPTION	FUNCTION	SERIAL NUMBERS

LICENCE PERIOD

18. PROPOSED COMMENCEMENT DATE : \_\_\_\_\_

19. PERIOD FOR WHICH LICENCE APPLIED FOR : FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTALIZATOR BETTING FACILITY AGREEMENT.

20. PLEASE ATTACH A COPY OF ANY ARRANGEMENT, CONTRACT OR AGREEMENT FOR OR WITH RESPECT TO THE PROVISION AND OPERATION OF A TOTALIZATOR BETTING FACILITY WHICH YOU HAVE ENTERED INTO WITH ANY PERSON OR BODY OF PERSONS OUTSIDE VANUATU.

DECLARATION.

21. I HAVE READ THE BETTING (CONTROL) ACT NO. 1 OF 1993 AND UNDERTAKE TO ABIDE BY THE PROVISIONS CONTAINED THEREIN. IN RESPECT OF ANY TOTALIZATOR BETTING EVENT CONDUCTED IN A COUNTRY OUTSIDE VANUATU I WILL AT ALL TIMES COMPLY WITH THE RELEVANT LAWS OF THAT COUNTRY GOVERNING BETTING AND TOTALIZATOR OPERATIONS.

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

APPLICANT'S SIGNATURE : \_\_\_\_\_

APPLICANTS NAME : \_\_\_\_\_ (Print)

DATE : \_\_\_\_\_



SCHEDULE 3

REPUBLIC OF VANUATU

TOTALIZATOR OPERATORS RETURN  
UNDER BETTING (CONTROL) ACT NO. 1 OF 1993.

1. NAME OF TOTALIZATOR LICENCE HOLDER : \_\_\_\_\_

2. ADDRESS : \_\_\_\_\_ TEL. : \_\_\_\_\_ FAX : \_\_\_\_\_

3. NAME AND STATUS OF PERSON MAKING THIS RETURN : \_\_\_\_\_

4. NAME OF BETTING EVENT : \_\_\_\_\_

5. DATE BETTING EVENT HELD : \_\_\_\_\_

6. LOCATION OF BETTING EVENT : \_\_\_\_\_

7. TOTAL NUMBER AND TOTAL MONEY VALUE OF TOTALIZATOR BETTING INVESTMENTS PAID TO LICENCE HOLDER ON THIS EVENT

NUMBER : \_\_\_\_\_ VALUE VT : \_\_\_\_\_

8. TOTAL NUMBER AND TOTAL MONEY VALUE OF BETTING INVESTMENTS REFUNDED ON ACCOUNT OF NON-OPERATIVE BETS DUE TO ABANDONMENT OR POSTPONEMENT OF ANY BETTING EVENT OR SCRATCHING OR WITHDRAWAL OF ANY RUNNERS OR PARTICIPANTS ON WHICH A BET HAS BEEN MADE.

NUMBER : \_\_\_\_\_ VALUE VT : \_\_\_\_\_

9. TOTAL OPERATIVE TOTALIZATOR BETTING INVESTMENTS ON THIS BETTING EVENT (ITEM 7 MINUS ITEM 8)

NUMBER : \_\_\_\_\_ VALUE VT : \_\_\_\_\_

10. AMOUNT OF COMMISSION DEDUCTED BY TOTALIZATOR PERSON OR BODY OUTSIDE VANUATU.

VT : \_\_\_\_\_

11. AMOUNT OF COMMISSION DEDUCTED BY TOTALIZATOR LICENCE HOLDER IN VANUATU.

VT : \_\_\_\_\_

12. AMOUNT OF COMMISSION PAYABLE TO GOVERNMENT (10.00% of Item No. 11)

VT : \_\_\_\_\_

CERTIFICATE I hereby certify that to the best of my knowledge and belief the information and particulars shown on this Return are true and correct and in accordance with the accounting records, books and documents maintained by the Totalizator Licence Holder on the approved betting premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attention : is drawn to the Betting (Control) Act No. 1 of 1993 which provides for severe penalties for false or misleading statements, false entries, omissions and other attempts at evasion of commission payable to the Government on betting.

All Returns and Commissions due and payable within 14 days of the holding of every betting event.

OFFICIAL USE ONLY

Date Received : \_\_\_\_\_ Total Amount Vt : \_\_\_\_\_ Receipt No. \_\_\_\_\_

Account Totalizator Commission : VT

136.40.112

Account Community Dev. Fund : VT

136.90.101

Officers Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_

SCHEDULE 4

REPUBLIC OF VANUATU

BOOKMAKING PERMIT HOLDERS RETURN  
UNDER BETTING (CONTROL) ACT NO. 1 OF 1993.

1. NAME OF BOOKMAKING PERMIT HOLDER : \_\_\_\_\_
2. ADDRESS : \_\_\_\_\_ TEL. : \_\_\_\_\_ FAX : \_\_\_\_\_
3. NAME AND STATUS OF PERSON MAKING THIS RETURN : \_\_\_\_\_
4. NAME OF BETTING EVENT : \_\_\_\_\_
5. DATE BETTING EVENT HELD : \_\_\_\_\_
6. LOCATION OF BETTING EVENT : \_\_\_\_\_
7. TOTAL NUMBER AND TOTAL MONEY VALUE OF BETS HELD ON THIS EVENT  
NUMBER : \_\_\_\_\_ VALUE VT : \_\_\_\_\_
8. TOTAL NUMBER AND TOTAL MONEY VALUE OF BETS REFUNDED ON ACCOUNT OF NON-OPERATIVE BETS DUE TO ABANDONMENT OR POSTPONEMENT OF ANY BETTING EVENT OR SCRATCHING OR WITHDRAWAL OF ANY RUNNERS OR PARTICIPANTS ON WHICH A BET HAS BEEN MADE.  
NUMBER : \_\_\_\_\_ VALUE VT : \_\_\_\_\_
9. NET TURNOVER (AMOUNT HELD) ON THIS BETTING EVENT (ITEM 7 MINUS ITEM 8).  
NUMBER : \_\_\_\_\_ VALUE VT : \_\_\_\_\_
10. AMOUNT OF COMMISSION PAYABLE : VT  
(5% OF VT VALUE AT ITEM 9) \_\_\_\_\_

11. CERTIFICATE. I hereby certify that to the best of my knowledge and belief the information and particulars shown on this Return are true and correct and in accordance with the accounting records, books and documents maintained by the Bookmaker Permit Holder on the approved betting premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attention : is drawn to the Betting (Control) Act No. 1 of 1993 which provides for severe penalties for false or misleading statements, false entries, omissions and other attempts at evasion of commission payable to the Government on betting.

All Returns and Commissions due and payable within 14 days of the holding of every betting event.

OFFICIAL USE ONLY

Date Received : \_\_\_\_\_ Total Amount VT : \_\_\_\_\_ Receipt No. \_\_\_\_\_

Account Betting Commission : VT \_\_\_\_\_ (136.40.112)

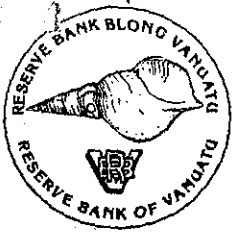
Account Community Dev. Fund : VT \_\_\_\_\_ (136.90.101)

Officers Signature : \_\_\_\_\_ Print Name : \_\_\_\_\_

**SCHEDULE 5**

**REPUBLIC OF VANUATU**

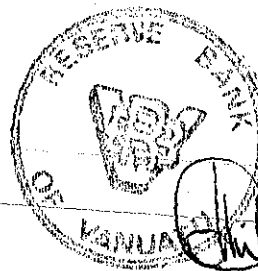
<b>REPUBLIC OF VANUATU</b>	<b>LOGO</b>	
		<b>No.</b>
<b><u>TOTALIZATOR OPERATORS LICENCE / BOOKMAKERS PERMIT.</u></b> (Betting Control Act No. 1 of 1993)		
<b>NAME OF LICENCE HOLDER/PERMIT HOLDER :</b> _____		
<b>LOCATION OF APPROVED PREMISES :</b> _____		
<b>CONDITIONS OF ISSUE OF THIS LICENCE/PERMIT :</b> _____		
<b>PERIOD OF LICENCE/PERMIT : FROM _____ : TO _____</b>		
<b>FEE PAID : VT</b>	<b>RECEIPT NO :</b>	<b>DATE :</b>
<b>LICENCE/PERMIT APPLICATION FORM REF. NO.</b>	<b>NEW/RENEWAL</b>	
This Licence/Permit is not transferable.		
<b>DATE OF ISSUE</b>	<b>:</b>	_____
<b>ISSUING OFFICE (LOCATION)</b>	<b>:</b>	_____
<b>ISSUING OFFICER SIGNATURE</b>	<b>:</b>	_____
<b>ISSUING OFFICER (PRINT NAME)</b>	<b>:</b>	_____
		<b>ISSUING OFFICE STAMP</b>



# RESERVE BANK OF VANUATU

RESERVE BANK OF VANUATU BALANCE SHEET AS AT 31ST DECEMBER 1992

LIABILITIES (IN VATU)		ASSETS (IN VATU)	
MONEY IN CIRCULATION	1,304,416,597	FOREIGN ASSETS	4,922,437,854
CAPITAL & RESERVES	925,856,005		
PAYMENTS OUTSTANDING	30,816,240		
GOVERNMENT	2,651,792,547	OTHER ASSETS	749,335,466
COMMERCIAL BANKS & DOMESTIC INST.	894,547,588	FIXED ASSETS	139,909,828
INTERNATIONAL INSTITUTIONS/AGENCIES	4,254,171		
NET PROFIT	-		
TOTAL	<u>5,811,683,148</u>	TOTAL	<u>5,811,683,148</u>



Deputy Director of Operations