

LIGHTNING RIDGE DISTRICT BOWLING CLUB LIMITED

A.B.N. NO: 92 001 065 210

PHONE: (02) 68290408
FAX: (02) 68290040

PO BOX 462
LIGHTNING RIDGE NSW 2834



STATUTORY DECLARATION

This form checks compliance with key legislative requirements for holding a director position.

I (Full Name) _____ of (Full Residential Address) _____
(Membership Badge Number) _____ in the State of New South Wales do hereby solemnly and sincerely declare as follows:

1. I am the person nominated for office as a director of Lightning Ridge District Bowling Club in the attached nomination form.
2. I am not an undischarged bankrupt.
3. I have not executed a Deed of Arrangement under Part X of the Bankruptcy Act, the terms of which have not been fully complied with.
4. I have not entered into a composition with my creditors under part X of the Bankruptcy Act whereby a final payment has not been paid.
5. I have not had a personal representative or Trustee appointed to administer my estate under the provision of any legislation relating to protected persons.
6. I am not disqualified from managing a corporation under the Corporations Act.
7. I am not disqualified from being a director of a registered club pursuant to any order or declaration made by the Licensing Court of New South Wales.
8. I am registered as a full member. (Only full members are eligible for the role of Director).
9. I am not a "key official" or "former key official" as those terms are defined in the Registered Clubs Act.

"Key official" is defined in the Registered Clubs Act to include a range of persons including the Director-General of the Department of Gaming and Racing and certain officers of the Department of Gaming and Racing, the Director of Liquor and Gaming, the Commissioner of Police, a member of the Police Senior Executive Service, a police officer who holds the position of patrol commander or higher or a member of the police service who is the subject of a written notification by the Commissioner of Police such that the person is a key official. A "former key official" is a person who was a key official during the previous three years but is no longer a key official.

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10. I acknowledge that the principal statutes governing the duties of directors and registered clubs are:

- (a) The Registered Clubs Act and regulations;
- (b) The Corporations Act;
- (c) Clubs NSW Code of Practice
- (d) Casino Liquor & Gaming Control Act and regulations;
- (e) Gaming Machines Act and Regulations;
- (f) Liquor Act and Regulations
- (g) In the case of Co-Operatives the Co-Operatives Act.

11. I acknowledge that there are other pieces of legislation which may impact on my duties and responsibilities as a director of the Lightning Ridge District Bowling Club. These include but are not limited to the Industrial Relations Act, the Occupational Health & Safety Act, the Anti-Discrimination Act, Anti-Money Laundering Act, Fair work Australia Act, Privacy Act, Food Act, Clubs NSW Code of Practice, Smoke Free Environment Act and the Trade Practices Act.

12. I acknowledge that I as a director, I am responsible for my ongoing continued professional educational development.

Declaring that in the ensuing year (once elected), I will undertake certificates in Director Foundation and Management Collaboration, RSA, RCG and any other associated training as required.

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900.

(Signature of the person making this declaration – signature must be witnessed by the authorised person who then signs below)

Declared at _____ (Place) on _____ (day) of _____ (month) _____ (year)

Before me

(Signature of person before whom the declaration is made)

(Full Name) _____ *of (Full Residential Address)* _____

Title of person before whom this declaration is made

(JP, Notary Public, Legal Practitioner authorised under Section 27 (1) of the Oaths Act 1900, Commissioner for Affidavits)

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BOARD ELECTION NOMINATION FORM **Nominees to attach a resume of past experience.**

Club Name Lightning Ridge District Bowling Club

THIS FORM MUST BE LODGED WITH THE CLUB'S FINANCIAL CONTROLLER

At (Address) 1 Agate St (PO BOX 462), Lightning Ridge, NSW

By (Date and Time) Sunday 18th September 2016 - 10:00AM,

PROPOSER

I (Full Name) _____

OF

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

HEREBY NOMINATE

Full Name _____

OF

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

FOR THE POSITION(S) OF

Signature of Proposer _____

Date: _____

SECONDER

Full Name _____

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

Signature of Seconder _____

Date: _____

I (Full Name) _____

OF

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

HEREBY ACCEPT NOMINATION

FOR THE POSITION(S) OF

Signature of Nominee _____

Date: _____