



Jupiters Hotel & Casino
Broadbeach Island
Gold Coast Qld 4218

Treasury Casino & Hotel
Top of Queen Street Mall
Brisbane Qld 4000

PO Box 1515
Broadbeach Qld 4218

GPO Box 2488
Brisbane Qld 4001

PRIVACY APPLICATION FORM

Customer Details

First Name: _____ Middle Initial: _____ Family Name: _____

Date of Request: _____ Membership Number (if applicable): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____ Phone No: (H) _____ (M) _____

I hereby make a request under National Privacy Principal 6 for access to the personal information you may hold about me in the following areas (PLEASE TICK APPROPRIATE BOXES):

Jupiters Hotel & Casino AND/OR Treasury Casino & Hotel

Electronic Gaming Table Games Hotel Human Resources

Sales & Marketing Security Gaming Finance

Other Information (please specify) _____

Information Required From (Date) _____ To (Date) _____

- Both Jupiters Hotel & Casino and Treasury Casino & Hotel take seriously their obligation to safeguard personal information about their customers. The Privacy Statement formalises and strengthens this commitment to our customers. We comply with the National Privacy Principles (NPPs) in the Privacy Act 1988.
- Jupiters Hotel & Casino and Treasury Casino & Hotel are required by law to provide information to law enforcement agencies and government regulatory authorities such as the Queensland Office of Liquor and Gaming Regulation.
- In order for you to receive the information you will need to complete all of the details above. You must provide acceptable valid identification. Acceptable identification is one form of valid photographic identification.

Method of Receipt: By Mail (will be sent by registered mail)

By Collection - Jupiters Hotel & Casino OR Treasury Casino & Hotel

By Email to _____

Signature: _____ Date: _____

Please forward this application form to the Customer Relations Desk or Hotel Reception

OFFICE USE ONLY – Complete below and send to Regulatory Affairs for action

Photo identification Check Used: _____

Document Number: _____

Expiry Date: _____

Address on Identification (if applicable): _____

Name of Employee: _____

Employee Number: _____

Signature: _____

Date: _____