

The Star Pty Limited  
80 Pyrmont Street  
Pyrmont NSW 2009

Postal Address  
PO Box Q192  
QVB Post Office  
NSW 1230 Australia

## PRIVACY INFORMATION REQUEST FORM

### Customer Details

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Absolute Rewards or Sovereign Room membership number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No: \_\_\_\_\_

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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Electronic Gaming | <input type="checkbox"/> Hotel                                     | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Table Games       | <input type="checkbox"/> Sales & Marketing                         | <input type="checkbox"/> Security        |
| <input type="checkbox"/> Gaming Finance    | <input type="checkbox"/> Other information (please specific) _____ |  |

**Information required covering:** From \_\_\_\_\_ To \_\_\_\_\_

- The Star takes seriously its obligation to safeguard personal information about its customers. The Privacy Statement formalises and strengthens this commitment to our customers. The Star complies with the National Privacy Principles (NPPs) in the Privacy Act 1988.
- The Star is required by law to provide information to law enforcement agencies and government regulatory authorities such as the NSW Casino, Liquor and Gaming Control Authority.
- 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 or two forms of non-photographic identification acceptable to The Star.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this application form to Absolute Rewards Centre or Hotel Reception.

### OFFICE USE ONLY – Complete and send to the Compliance Department

Photo identification used: \_\_\_\_\_

Document Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Address on identification: \_\_\_\_\_

Name of employee: \_\_\_\_\_ Employee No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_