



GAMING INITIATIVES FORM

NEW OR VARIED GAMES, PROGRAMS, TECHNOLOGIES OR PROCEDURES

AML/CTF, REGULATORY & COMPLIANCE, RESPONSIBLE GAMING, SECURITY AND SURVEILLANCE APPROVAL

This Gaming Initiative Form must be completed to introduce to Crown Melbourne any new (or variations of existing) games, technology, programs or procedure, to ensure any requirements of, or risks to: anti-money laundering and counter terrorism financing regulation; security & surveillance; gaming integrity; regulatory requirements and social responsibility, can be identified, assessed, mitigated and managed appropriately.

*This Form must be completed and approved **in advance** of the proposed new initiative being introduced.*

To be completed by Originating Department:

Is this a new game/program/technology/procedure or a variance to an existing one?

New Variation

Have you considered and assessed all H&S risks?

Yes - or contact H&S

Game / Service:

Detailed description of change and areas of impact:

Proposed date of change:

Completed by:

Department Representative Name (& ID #)

Department Representative Signature (& Date)

Approved for forwarding to the Regulatory Departments to review:

Department GM (Initiative Owner) Name (& ID #)

Department GM (Initiative Owner) Signature (& Date)



CROWN

GAMING INITIATIVE APPROVAL FORM

To be completed by the AML Representative

ML/TF Risk Identified? Yes No N/A

If Yes or N/A, please describe controls in place to mitigate and manage the risk:

Change to AML/CTF Program Required? Yes No N/A

If Yes or N/A, please describe:

Update to Designated Services Risk Register attached? Yes No N/A

If Yes or N/A, please describe:

Approved for Implementation: (Conditions apply: Yes No)

If yes, provide detail:

AML/CTF Representative Name (& ID #)

AML/CTF Representative Signature (& Date)

**CROWN****GAMING INITIATIVE APPROVAL FORM****To be completed by the Responsible Gaming Representative**

Impact on RSG?	Yes	No	N/A
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Please describe:

Approved for Implementation:	(Conditions apply:	Yes	No)
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If yes, provide detail:

Responsible Gaming Representative Name (& ID #)

Responsible Gaming Representative Signature (& Date)



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GAMING INITIATIVE APPROVAL FORM

To be completed by the Surveillance Representative

Impact on Surveillance?	Yes	No	N/A
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Please describe:

Approved for Implementation:	(Conditions apply:	Yes	No)
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If yes, provide detail:

Surveillance Representative Name (& ID #)

Surveillance Representative Signature (& Date)

To be completed by the Security Representative

Impact on Security?	Yes	No	N/A
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Please describe:

Approved for Implementation:	(Conditions apply:	Yes	No)
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If yes, provide detail:

Security Representative Name (& ID #)

Security Representative Signature (& Date)



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GAMING INITIATIVE APPROVAL FORM

To be completed by the IT Governance Representative

Impact on current IT Policies or IT Frameworks? Yes No N/A

If Yes or N/A, please describe:

Impact on current IT (MIS) ICS/SOP/WPIs etc.? Yes No N/A

If Yes or N/A, please describe:

Approved for Implementation: **(Conditions apply:** **Yes** **No)**

If yes, provide detail:

IT Governance Representative Name (& ID #)

IT Risk Governance Representative Signature (& Date)



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GAMING INITIATIVE APPROVAL FORM

To be completed by Regulatory and Compliance Representative

Impact on current Regulatory Framework or Approvals? Yes No N/A

If Yes or N/A, please describe:

Impact on current ICS/SOP/Rules etc.? Yes No N/A

If Yes or N/A, please describe:

Controlled Contract? Yes No

Boundary Impact? Yes No

ATM Impact? Yes No

Recommendations to be actioned? Yes No N/A

If yes, provide detail:

Approved for Implementation: **(Conditions apply:** **Yes** **No)**

If yes, provide detail:

Regulatory & Compliance Representative Name (& ID #)

Regulatory & Compliance Representative Signature (& Date)