



INFORMATION REQUEST FORM

Request Date	14 January 2013	Request Type	
Nature of Request e.g. Investigation/Court	Investigation	Footage <input checked="" type="checkbox"/>	Photos <input checked="" type="checkbox"/>
Request under what legislation/obligation	270.6 Criminal Code Act 1995	Patron Details <input checked="" type="checkbox"/>	Copy of ID <input type="checkbox"/>
Requestor's Name	[Redacted]	Statement on behalf of Crown: <input type="checkbox"/>	
Contact Phone	[Redacted]	Witness Statement: <input type="checkbox"/>	
Email	[Redacted]	Gaming Records <input checked="" type="checkbox"/>	
Agency/Squad	AFP Melbourne	Between (Insert dates)	2009 and 2013
Rank and ID Number	Federal Agent 16401	Monthly <input type="checkbox"/>	Each bet <input type="checkbox"/>
		Daily <input type="checkbox"/>	Yearly <input checked="" type="checkbox"/>
		Other Please List: <i>Footage of gambling companions. (video/photos)</i>	

INCIDENT DETAILS

Date		Incident	
Time		Location	Crown Casino Melbourne
Details	Please provide any information related to person of interest Zhao PAN, including his gambling activity and accounts held, his personal details recorded and any recent photos/video of his attendance at Crown.		

Alleged Persons Involved

Name	Zhao PAN	Name	
D.O.B	[Redacted]	D.O.B	
Crown Club #	Unknown	Crown Club #	
Involvement	Person of interest	Involvement	
Description	Asian male	Description	
Name		Name	
D.O.B		D.O.B	
Crown Club #		Crown Club #	
Involvement		Involvement	
Description		Description	

Confidentiality Notice

Notice
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Declaration

I declare that this request is a reasonably necessary part of a police investigation for the prevention, detection, investigation or prosecution of a criminal offence or breaches of a law imposing a penalty or sanction, or the enforcement of laws relating to the confiscation of the proceeds of crime or the preparation for, or conduct of, proceedings before any court or tribunal, or implementation of the orders of a court or tribunal. I undertake to store these records in a secure place and not to disclose them to an unauthorised person.

Name (print): [Redacted]

Signature: [Redacted]

Completed forms to be returned to Crown's Compliance Department
(email as an attachment)

Email address: [Redacted]

Fax: [Redacted] Phone: [Redacted]

Please note all information/footage remains the property of Crown Melbourne Limited