

APPLICATION FOR DISPOSAL OF GAMING MACHINES

If insufficient space is available for responses please attach additional information.

Details of Application

A person who is not a licensee must notify the Commission if it proposes to dispose of a gaming machine.

(Please tick relevant box)

☐
☐

Class B Gaming Machines

Class C Gaming Machines

SECTION 1 - Details of Applicant

Name of applicant (enter text)

Postal address (enter text)

Address of applicant premises (enter text)

Contact Person (enter text)

Telephone (enter text)

Facsimile (enter text)

Email Address (enter text)

SECTION 2 - Details of Disposal

Proposed date of **disposal** (enter text)

Proposed time of destruction (if applicable)

Person representing applicant at the gaming machine's disposal (if applicable)

How and to whom gaming machine is to be disposed (enter text)

Details of licensee or organisation from whom the gaming machines have been acquired.

AF2015-79

SECTION 3 - Details of Gaming Machines to be disposed		
GAMING MACHINE 1		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 2		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 3		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 4		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 5		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 6		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 7		ID Number (if applicable)
Serial Number	Machine Name	
GAMING MACHINE 8		ID Number (if applicable)
Serial Number	Machine Name	

SECTION 4 - Documents that must accompany this application.

- Information identifying the person who is to acquire the gaming machine or information identifying who is to destroy the gaming machine (eg. acknowledgement letter from supplier).
- Evidence that the person who is to acquire the gaming machine is authorised to have the gaming machine under a law of a local jurisdiction.
- Details of turnover and total win meter readings from affected gaming machines.

Please Note: A Monthly Tax Return and payment of tax funds may be required.

SECTION 5 – To be completed by authorised representative of licensee.

I (print or type full name of applicants's representative)

on behalf of the (print or type name of applicant)

do hereby declare that the information on this notification form and the accompanying documentation is true and correct.

Signed

Position (print or type position held with applicant)

Date

SECTION 6 – Important Information

- The prescribed fee must accompany this notification.
- Please note that once this notification is submitted to the ACT Gambling and Racing Commission the application fee is non-refundable.
- The prescribed fee is available on the Commission's web site at www.gamblingandracing.act.gov.au
- Alternatively, you can contact the Commission on telephone number 02 6207 0359 for more information.
- Mail this completed application to:
ACT Gambling and Racing Commission
PO Box 214
CIVIC SQUARE ACT 2608
Fax: 6207 7390
Email: gaming.operations@act.gov.au

GAMING REGULATION SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART

NOTIFICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

SECTION 7 – Details of Payment.

Please indicate by ticking the appropriate box which of the following will be the method of payment:

- ☐ money order or cheque made payable to the ACT Gambling and Racing Commission; or
- ☐ credit card (Visa or Master Card). Please complete the required details in the area below.

Payment by Credit Card.

Card type – Select one check box below for your card type:

☐ Master Card; or

☐ Visa.

Card Number:

Expiry Date:

Amount:

Name on Card:

Signature

FINANCE SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART

Payment

Processed by: Date...../...../..... Receipt Number:
(Authorised Officer)