

## APPLICATION FOR TECHNICAL LICENCE AMENDMENT SINGLE-USER LINKED JACKPOT ARRANGEMENT

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

<b>SECTION 1</b>			DETAILS OF APPLICANT
<b>Name of Licensee</b>			
<b>Name of Premises</b>			
<b>Licence No.</b>			
<b>Address</b>			
<b>Contact Name</b>			
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	

<b>SECTION 2</b>			DETAILS OF SUPPLIER
<b>Name of Supplier</b>			
<b>Contact Name</b>			
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	

<b>SECTION 3</b>			LINK DETAILS/FINANCIAL INFORMATION AND FEES
PLEASE PROVIDE LINK DETAILS ON PAGE 2 OF THIS APPLICATION FORM AND ENSURE THAT YOU COMPLETE THE FINANCIAL ARRANGEMENTS ON PAGE 3.			
<i>See payment options on last page</i>	<b>Total Remittance Due</b>	<b>\$</b>	

<b>SECTION 4</b>	
I, _____ (print full name) of _____ (name of licensee)	
do hereby declare that the information on this application form and the accompanying documentation is true and correct and that all financial arrangements have been declared.	
_____ (Signature)	_____ (Position) ____/____/____ (Date)

<b>THIS SECTION FOR OFFICE USE ONLY – GAMING SECTION</b>					
<b>APPLICATION FEE PAID</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>APPROVAL NUMBER</b>		
<b>APPLICATION APPROVED</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FINANCIAL ARRANGEMENT APPROVED</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>SIGNATURE:</b>			<b>DATE:</b> ...../...../.....	_____	

## PARTICULARS OF SINGLE-USER LINKED JACKPOT ARRANGEMENT

<b>Licensee:</b>	<b>Premises:</b>
<b>Details of start up/re-set amounts and contribution rates</b>	

LINK DETAILS			
Manufacturer Name			
Address			
Name of System			
Specification No			
Identify Type of Link (please tick one only)	CCCE	Hyperlink	Normal

PRIZE SCHEDULE	MAXIMUM JACKPOT	Reset Amount \$/Coins	%	CONTRIBUTION PERCENTAGE	TOTAL%
TOP JACKPOT					
SECOND JACKPOT					
THIRD JACKPOT					
FOURTH JACKPOT					
HIDDEN/BACKUP					
<b>TOTAL CONTRIBUTION PERCENTAGE</b>					

## FINANCIAL PARTICULARS FOR SINGLE-USER LINKED JACKPOT ARRANGEMENT

This form must be completed when Linked Arrangements are to be purchased.  
A copy of the proposed contract between the Licensee and Supplier for the purchase of any link must accompany this form.

<b>Licensee:</b>
<b>Premises Name:</b>
<b>Contact Name:</b>

<b>Supplier's Name:</b>
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**Details of the proposed contract for acquisition  
(including any proposed order) must be attached.**

**TOTAL PURCHASE PRICE (inc GST)**

\$
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### SOURCE OF FINANCE

1. Cash from licensee's funds:

\$
Name of institution where funds are held:
Address:

2. Other source: (Provide details of all relevant financial arrangements, including loans, guarantees, delayed payment plans)

Type of financial agreement:

Provider of finance:

Address of provider:

Duration of Agreement:

Years:	Months:

Other Details:

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**IMPORTANT INFORMATION**

The prescribed fee must accompany this application. Please note that once an application 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](http://www.gamblingandracing.act.gov.au)

Alternatively, you can contact the Commission on 6207 0359 for more information.

Post application to:

ACT Gambling and Racing Commission PO Box 214 CIVIC SQUARE ACT 2608

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 provided below.

**PAYMENT BY CREDIT CARD**

Card type       Master Card       Visa      Amount \$ .....(maximum of \$3,000.00)

Card Number    Expiry Date: ...../.....

Name on Card: ..... Signature: .....

**THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION**

Payment

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