

Gambling and Racing Control Act 1999, s 53D

**GAMING MACHINE ACT 2004** 



## **APPLICATION FOR DISPOSAL OF A GAMING MACHINE**

If insufficient space is available for responses please attach additional information

SECTION 1		DETAILS OF	APPLICANT			
Name of	Organisation					
Address	of Organisation					
Contact N	lame					
Phone:		Fax: Email:		Email:		
SECTION 2	2	DISPOSAL ARR	ANGEMENTS	5		
Method of p	proposed disposal:					
Name of pe	rson (if any) who is to acqui	re the Machine/s:				
Address of	person who is to acquire the	e Machine/s:				
SECTION 3	3	CURRENT LOCATI	ON OF MACH	IINE/S		
Address						
Contact N	lame			Pho	one:	
	DETAILS	S OF GAMING MAC	HINE/S PROF	POSED	FOR DISPOS	AL
Machine Class	Kind of Machine	Stake Denomination	Serial Number		Manufactur	
••						
SECTION 5	5	FEES				
See payme	ent options on last page	Total Remittance Due	1	\$		
	-					
SECTION 6	<b>THE FOLLOWING SUPF</b> person (if any) who is to acquire		TION IS REQUIR		<b>THIS APPLICA</b> Gaming Machine	
(i) To opera	te the machine/s under a licence;	or			0	
	chine/s is to be sold or operated ir he machine/s.	113(2)(a)				
For an applicant that has repossessed the machine/s – a copy of the Commission's Repossession Approval					113(2)(b)	
I,		of				
,	<i>(print full name)</i> clare that the information on thi		(nat	<i>me of applic</i>	ant organisation)	o A at 2004
uo nereby ue	chare that the information on th	s application form is true and	correct and in accord	i uance with		, ACI 2004.
(signature) (position)					/(date	)
		ON FOR OFFICE US	E ONLY – GA	MING S		
APPLICAT	ION FEE PAID				YES	NO

2<sup>nd</sup> floor, Canberra Nara Centre, 1 Constitution Avenue, Canberra City 2601 PO Box 214 CIVIC SQUARE ACT 2608 Homepage: http://www.gamblingandracing.act.gov.au Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

## **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: 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:					
$\Box$ 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					

Name on Caro	d:	S	ignature:
Card Number	r 🗆 🗆 🗆 🗆		Expiry Date:/
Card type	Master Card	🗌 Visa	Amount \$(maximum of \$3,000.00)

THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION							
Payment Processed by: (Authorised Officer)	Date:///	Receipt Number:					