

APPLICATION FOR DECLARATION OF AN ASSOCIATED ORGANISATION

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

An organisation may be declared an Associated Organisation of a licensee that is a club under certain conditions.

SECTION 1 - Details of Licensee

| | | |
|-------------------------------|------------------------|-----------------------------|
| Name of Licensee (enter text) | | Licence Number (Enter Text) |
| Business address (enter text) | | |
| Postal address (enter text) | | |
| Contact Person (enter text) | Telephone (enter text) | Facsimile(enter text) |
| Email Address (enter text) | | |

SECTION 2 - Details of proposed Associated Organisation

| | | |
|----------------------------------------------|------------------------|-----------------------|
| Name of Associated Organisation (enter text) | | |
| Business address (enter text) | | |
| Postal address (enter text) | | |
| Contact Person (enter text) | Telephone (enter text) | Facsimile(enter text) |
| Email Address (enter text) | | |

SECTION 3 Eligibility of the proposed Associated Organisation

Tick if appropriate

- the proposed Associated Organisation is associated with the club.
- the proposed Associated Organisation is not carried on for profit or gain to its members or anyone else.
- the proposed Associated Organisation does not have the power to remove a director from the club's board.
- the proposed Associated Organisation is incorporated or a registered party.
- the proposed Associated Organisation's statement of objects includes eligible objects and indicates that the eligible objects* together make up the main parts of its objects.
- the proposed Associated Organisation is conducted mainly to achieve its objects.
- declaration of the entity as an Associated Organisation would not cause the club to stop being conducted mainly to achieve eligible objects and would help the club to achieve its eligible objects.

* Eligible objects of a club are defined in section 145 of the Gaming Machine Act 2004.

AF2015-78

SECTION 4 – Documents that must accompany this application

- A copy of the Associated Organisation's current Constitution or Memorandum and Articles of Association.

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

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

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

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 licensee)

Date

SECTION 6 – To be completed by authorised representative of the Associated Organisation.

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

on behalf of the (print or type name of the Associated Organisation)

do hereby declare that:

- the information on this notification form and the accompanying documentation is true and correct; and
- that the organisation wishes to be declared an Associated Organisation of the Licensee.

Signed

Position (print or type position held with Associated Organisation)

Date

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

| | | | |
|----------------------|------|-----|----|
| APPLICATION FEE PAID | | YES | NO |
| AUTHORISED BY | DATE | YES | NO |

SECTION 7 – Important Information

- The prescribed fee must accompany this application.
- 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

SECTION 8 – 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)