

APPLICATION TO TRANSFER AN IN-PRINCIPLE AUTHORISATION CERTIFICATE

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

SECTION 1 - Details of Applicant			
An approval holder may apply to transfer an In-principle Authorisation Certificate to someone else.			
Name of applicant (enter text)		Licence number (enter text)	
Postal address of applicant (enter text)			
Current name of the proposed authorised premises (enter text)			
Address of the proposed authorised premises (enter text)			
Block (enter text)	Section (enter text)	Suburb (enter text)	
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text)			
Number of authorisations for gaming machines for which the in-principle authorisation certificate was approved (enter text)			

SECTION 2 - Details of the <i>proposed new Approval Holder</i>		
Name of licensee (enter text)		Licensee Number (enter text)
Postal address of licensee (enter text)		
Proposed name of the transferred authorised premises (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text)		

AF2015-84

SECTION 3 - Details of Directors and Influential Persons of Proposed New Approval Holder

For definition of Influential Person see s8 of the *Gaming Machine Act 2004*.

Name	Date of birth	Relationship to Proposed New Approval Holder
Address		

Name	Date of birth	Relationship to Proposed New Approval Holder
Address		

Name	Date of birth	Relationship to Proposed New Approval Holder
Address		

Name	Date of birth	Relationship to Proposed New Approval Holder
Address		

Name	Date of birth	Relationship to Proposed New Approval Holder
Address		

Name	Date of birth	Relationship to Proposed New Approval Holder
Address		

SECTION 4 - Documents that must accompany this application.

- Any contractual arrangement, or proposed contractual arrangement, relating to the use of the premises to which the application relates.

SECTION 5- To be completed by authorised representative of the *approval holder* AND the *proposed approval holder*.

Approval Holder

I (print or type full name of *approval holder's* representative)

on behalf of the (print or type name of *approval holder*)

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

Position (print or type position held with *approval holder*)

Signed

Date

Proposed Approval Holder

I (print or type full name of *proposed approval holder's* representative)

on behalf of the (print or type name of *proposed approval holder*)

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

Position (print or type position held with *proposed approval holder*)

Signed

Date

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

APPLICATION FEE PAID	YES	NO
AUTHORISED BY	DATE	

SECTION 6- 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 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)