

NOTIFICATION – ACQUISITION OF AUTHORISATIONS AND GAMING MACHINES

If insufficient space is available for responses please attach additional information

Completion of Form

- If acquiring authorisation/s only complete sections 1, 6, 7 and 9 (if paying by credit card).
- If acquiring a gaming machine only for an authorisation already held complete sections 1, 2, 3, 4, 6, 8 and 9 (if paying by credit card).
- If acquiring authorisations and gaming machines complete sections 1, 2, 3, 4, 6, 7 and 9 (if paying by credit card)

Note: The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.

SECTION 1 - Details of Acquiring Licensee

Licensee Name (enter text)		Licence Number (enter text)	
Name of Authorised Premises		Certificate Number (enter text)	
Physical Address of Authorised Premises (enter text)			
Postal Address (enter text)			
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text) <i>Confirmation of this notification will be emailed to <u>one</u> representative of the licensee</i>			

SECTION 2 - Details of Approved Supplier *installing* the gaming machine/s (*if applicable – acquisition of gaming machines only*).

Name of Approved Supplier (enter text)			
Postal Address (enter text)			
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text) <i>Confirmation of this notification will be emailed to <u>one</u> representative of the supplier.</i>			

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GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART		
AUTHORISED BY	DATE	CONFIRMATION NUMBER

SECTION 3 - Details of Person/Supplier <u>supplying</u> the gaming machine/s <u>(if applicable – acquisition of gaming machines only)</u> .		
Name of Approved Person/Supplier (enter text)		
Postal Address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text) <i>Confirmation of this notification will be emailed to <u>one</u> representative of the supplier</i>		

SECTION 4 – Financial Arrangements. (if applicable – acquisition of gaming machines only).	
Total Purchase Price of gaming machines	\$

SECTION 5 - Documents that must accompany this application.
<ul style="list-style-type: none"> Sales order or acknowledgement from the supplier or person supplying the gaming machines detailing proposed replacement/conversion arrangements and cost. The sales order must be signed by the licensee and the supplier or person. (if applicable – acquisition of gaming machines only).

SECTION 6 - To be completed by authorised representative of licensee.
<p>I (print or type full name of licensee representative)</p> <p>on behalf of the (print or type name of licensee)</p> <p>do hereby declare that the information on this application form is true and correct.</p> <p>Signed</p> <p>Position (print or type position held with licensee)</p> <p>Date</p>

SECTION 7 - Details of Authorisations to be acquired			
Authorisation 1			
Authorised venue (disposing venue)		Auth Venue Number	ID Number
<i>If gaming machine is being acquired with the authorisation complete the next section</i>			
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

Authorisation 2			
Authorised venue (disposing venue)		Auth Venue Number	ID Number
<i>If gaming machine is being acquired with the authorisation complete the next section</i>			
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

Authorisation 3			
Authorised venue (disposing venue)		Auth Venue Number	ID Number
<i>If gaming machine is being acquired with the authorisation complete the next section</i>			
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

Authorisation 4 – to be forfeited			
Authorised venue (disposing venue)		Auth Venue Number	ID Number

SECTION 8 - Details of Gaming Machines to be acquired (if not part of acquisition of authorisation) ID Number refers to unused authorisations already held under the applicant's Authorisation Certificate.

GAMING MACHINE 1		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

GAMING MACHINE 2		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

GAMING MACHINE 3		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

GAMING MACHINE 4		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

IMPORTANT INFORMATION

- The prescribed fee must accompany this application.
- Please note that once this 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:
<http://www.gamblingandracing.act.gov.au/gambling/gaming-machines>
- 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 9 – 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 – APPLICANT NOT TO COMPLETE THIS PART

Payment

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