

**APPLICATION FOR REPOSSESSION OF A  
GAMING MACHINE**

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

**SECTION 1**      Details of Organisation Repossessing the Machine(s)

<b>Name</b>		
<b>Address</b>		
<b>Contact Name</b>		
<b>Phone</b>	<b>Fax</b>	<b>Email</b>

**SECTION 2**      Premises where the Gaming Machine(s) is currently held

<b>Licensee</b>		
<b>Trading Name</b>		
<b>Address of Premises</b>		
	<b>Block</b>	<b>Section</b>
<b>Contact Name</b>	<b>Phone</b>	

**SECTION 3**      Details of Gaming Machine(s) to be Repossessed

<b>Machine Class</b>	<b>Kind of Machine</b>	<b>Stake Denomination</b>	<b>Serial Number</b>	<b>Manufacturer</b>

**SECTION 4**      Fees

<b>See payment options on last page</b>	<b>Total Remittance Due      \$</b>
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**SECTION 5**

Why is the machine(s) being repossessed?


Where will the repossessed gaming machine(s) be stored and who will have access to the machine(s)?


How do you intend disposing of the repossessed gaming machine(s) eg. auction, direct sale to Manufacturer or ACT licensee, remove from the ACT? (please note that an "Application for Disposal of a Gaming Machine" (available on the Commission's website) **must** be completed and submitted for consideration by the Commission prior to any machine disposals being undertaken).


**SECTION 6**

DOCUMENTATION PROVIDING EVIDENCE OF YOUR AUTHORITY TO REPOSSESS THE GAMING MACHINE(S) DETAILED ABOVE MUST ACCOMPANY THIS APPLICATION.

I, _____ of _____ <i>(print full name)</i> <i>(name of repossessing organisation)</i>
do hereby declare that the information on this application form is true and correct and in accordance with the <i>Gaming Machine Act 2004</i> .
_____ <i>(signature)</i>
_____ <i>(position)</i>
_____/_____/_____ <i>(date)</i>

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

APPLICATION FEE PAID	YES	NO
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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)