GAMBLING
AND
RACING
COMMISSION

GAMING MACHINE ACT 2004

Form made pursuant to Gambling and Racing Control Act 1999, s 53D

APPLICATION FOR TRANSFER OF A MULTI-USER PERMIT FOR A LINKED JACKPOT ARRANGEMENT

SECTION 1	DETAILS OF TRANFEREE			
Name of Applicant				
Trading Name			ABN:	
Street Address				
Postal Address				
Contact Person/s	**Phone**	**Facsimile**	**Email**	

SECTION 2	DETAILS OF TRANSFEROR			
Name of Applicant				
Trading Name			ABN:	
Street Address				
Postal Address				
Contact Person/s	**Phone**	**Facsimile**	**Email**	

SECTION 3	DETAILS OF EACH DIRECTOR (For Corporations Only)		
Name	**Date of birth**	**Address**	**Position on Board**

SECTION 4	DETAILS OF RELEVANT INFLUENTIAL PERSONS (as defined under section 7 of the Act)			
Name	**Date of birth**	**Address**		**Relationship to Applicant**

SECTION 5	DOCUMENTS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION	
Document/Information required		**Gaming Machine Act/ Regulation Reference**
For Non- Club Applicants		
Criminal history checks (including fingerprint checks) from the Australian Federal Police covering a period of at least the last five years from each director, executive officer and influential person (where a person has been domiciled overseas for any length of time during the last 5 years that person will also need to provide a criminal history check from the national law enforcement agency of the nation in which the person was domiciled).		s 12(2)(a); 20, 21
All applicants		
Copy of all contracts relating to the transfer of the Permit to operate a linked-jackpot arrangement		Reg 61 (1)
Completed Statutory Declaration included as part of this application form for each director, executive officer or influential person of the organisation. .		s 20(1), (3)
Copy of all contractual arrangements between applicant and proposed linked licensees including but not limited to: - link service fee; - maximum potential linked jackpot amount; - consent from licensee; and - collection of linked jackpot contributions.		s 139(3) Reg 57 Reg 59 s 139(3) Reg 60
Details of jackpot trust account and signatories		Reg 56

SECTION 6	FEES PAYABLE (s135 (1))
Total Remittance Due	$

SECTION 7	DECLARATION BY TRANSFEREE

I_____of_____
         (print full name)   *(name of applicant)*

do hereby apply for the transfer of Multi-user Linked Jackpot Permit number MU__/_____. I declare that the information on this application form and the accompanying documentation is true and correct and that all financial arrangements have been declared.

Signature_____

Position _____ **Date**_____/_____/_____

SECTION 8	DECLARATION BY TRANSFEROR

I,   of
         (print full name)   *(name of applicant)*

do hereby agree to transfer Multi-user Linked Jackpot Permit number MU../……… to the applicant.
Signature_____

Position _____ **Date**_____/_____/_____

THIS SECTION FOR OFFICE USE ONLY	
Yes **No**	
Application Fee Paid	_____
	Permit Number
Application Approved	
	SIGNATURE: _____
Financial Arrangement Approved	_____/_____/_____
	DATE: _____ **Expiry Date**

SECTION 9	FINANCIAL PARTICULARS (Reg 61 (1))

Details of the invoice or sale contract for acquisition including any proposed order must be attached.

Total Purchase Price (inc GST)	$

Source of Finance

1. Cash from Licensees's funds:	$
Name of institution	
Address	

2. Other Source	$	
Type of financial agreement*		
Provider of finance		
Address of provider		
Duration of agreement	**Years**	**Months**

*A copy of the financial contract must accompany this application

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 website at:

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 Mastercard). Please complete the required details in the area provided below.

PAYMENT BY CREDIT CARD

Amount

Card type   ☐ Mastercard   ☐ Visa $........................   (maximum $3,000.00)

Card Number   ____ ____ ____ ____   ____ ____ ____ ____   ____ ____ ____ ____   ____ ____ ____ ____

Expiry Date   /   /

Name on Card:……………………………………Signature:………………………………………………

THIS SECTION FOR OFFICE USE ONLY - FINANCE SECTION

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