

**APPLICATION FOR TECHNICAL LICENCE AMENDMENT TO  
REPLACE A GAMING MACHINE AND DISPOSE OF A GAMING MACHINE**

| SECTION 1        |       | DETAILS OF APPLICANT |     |             |       |
|------------------|-------|----------------------|-----|-------------|-------|
| Name of Licensee |       |                      |     |             |       |
| Trading Name     |       |                      |     | Licence No. |       |
| Venue Address    |       |                      |     |             |       |
| Postal Address   |       |                      |     |             |       |
| Contact Name     |       |                      |     |             |       |
| Contact Details  | Phone |                      | Fax |             | Email |

| SECTION 2        |       | DETAILS OF SUPPLIER |     |  |       |
|------------------|-------|---------------------|-----|--|-------|
| Name of Supplier |       |                     |     |  |       |
| Postal Address   |       |                     |     |  |       |
| Contact Name     |       |                     |     |  |       |
| Contact Details  | Phone |                     | Fax |  | Email |

| SECTION 3                                   |       | DISPOSAL DETAILS |     |  |       |
|---|-------|------------------|-----|--|-------|
| Who is to take possession of the machine/s? |       |                  |     |  |       |
| Postal Address                              |       |                  |     |  |       |
| Contact Name                                |       |                  |     |  |       |
| Contact Details                             | Phone |                  | Fax |  | Email |

| SECTION 4       |  | FEES PAYABLE         |    |                                   |
|-----------------|--|----------------------|----|-----------------------------------|
| No. of Machines |  | Total Remittance Due | \$ | For payment options see last page |

| SECTION 5  |                          | DECLARATION |                           |
|--|--------------------------|-------------|---------------------------|
| I,   |                          | of          |                           |
|  | <i>(print full name)</i> |             | <i>(name of licensee)</i> |
| do hereby declare that the information on this application form and accompanying documentation is true and correct and that all financial arrangements have been declared. |                          |             |                           |
| Signature  | _____                    |             |                           |
| Position   | _____                    | Date        | ____/____/____            |

| THIS SECTION FOR OFFICE USE ONLY - GAMING SECTION  |                      |     |    |                      |                  |  |                                |             |  |                                     |
|--|----------------------|-----|----|----------------------|------------------|--|--------------------------------|-------------|--|-------------------------------------|
| <table border="0"> <tr> <td>Application Fee Paid</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Application Approved</td> <td colspan="2">SIGNATURE: _____</td> </tr> <tr> <td>Financial Arrangement Approved</td> <td colspan="2">DATE: _____</td> </tr> </table> | Application Fee Paid | Yes | No | Application Approved | SIGNATURE: _____ |  | Financial Arrangement Approved | DATE: _____ |  | <b>APPROVAL NUMBER</b><br><br>_____ |
| Application Fee Paid   | Yes                  | No  |    |                      |                  |  |                                |             |  |                                     |
| Application Approved   | SIGNATURE: _____     |     |    |                      |                  |  |                                |             |  |                                     |
| Financial Arrangement Approved   | DATE: _____          |     |    |                      |                  |  |                                |             |  |                                     |

AF2009 -180

2nd Floor Canberra Nara Centre, 1 Constitution Avenue, Canberra City 2601  
PO Box 214 CIVIC SQUARE ACT 2608  
Homepage: <http://www.gamblingandracing.act.gov.au>

| SECTION 6     |           | MACHINE SELECTION – Machine Replacements and Disposals |                   |                    |               |                     |                     |                     |  |
|---------------|-----------|--|-------------------|--------------------|---------------|---------------------|---------------------|---------------------|--|
| Trading Name: |           |  |                   |                    |               | Licence No.         |                     |                     |  |
|               | Serial No | Machine Name   | Base Credit Value | % Return to player | Variation No. | Ticket Out Yes / No | * Link Approval No. | Link % Contribution |  |
| 1             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 2             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 3             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 4             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 5             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 6             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 7             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 8             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 9             | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |
| 10            | To:       |  |                   |                    |               |                     |                     |                     |  |
|               | From:     |  |                   |                    |               |                     |                     |                     |  |

**\*If an amount available as a prize in a linked-jackpot arrangement has not been won, and cannot be won because authorisation for the arrangement has been cancelled or surrendered, then the licensee must write to the Commission seeking approval to redistribute the amount as a prize, or an addition to another jackpot. If the Commission approval is not given within 4 weeks after the linked-jackpot authorisation is cancelled or surrendered then the amount is forfeited to the Territory.**

**SECTION 7**

**FINANCIAL ARRANGEMENTS**

Copies of documents related to proposed financial arrangements to finance or encumber a gaming machine need to be attached. An encumbrance includes any Intellectual Property (IP) licence fee applying in respect of the gaming machine.

Does an Intellectual Property licence fee apply to any of the gaming machines being replaced? Y  N

Total Purchase Price of Replacement Gaming Machines (inc GST) \$

**Source of Finance**

**1. Cash from licensee's funds:** \$   
Name of institution where funds are held:   
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.*

Other Details:

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

Financial Arrangement Approved Y  N  Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**PAYMENT BY CREDIT CARD**

|           |                          |            |                          |      |        |         |                      |
|-----------|--------------------------|------------|--------------------------|------|--------|---------|----------------------|
| Card type | <input type="checkbox"/> | Mastercard | <input type="checkbox"/> | Visa | Amount | \$..... | (maximum \$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) |      |     |                 |       |