

APPLICATION FOR TECHNICAL LICENCE AMENDMENT MACHINE CONVERSION

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

SECTION 4		DECLARATION		
<p>I, _____ of _____ <small>(print full name)</small> <small>(name of licensee)</small></p> <p>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.</p> <p>Signature _____</p> <p>Position _____ Date / /</p>				

THIS SECTION FOR OFFICE USE ONLY - GAMING SECTION				
	Yes	No		APPROVAL NUMBER _____
Application Fee Paid	<input type="checkbox"/>	<input type="checkbox"/>		
Application Approved	<input type="checkbox"/>	<input type="checkbox"/>	SIGNATURE: _____	
Financial Arrangement Approved	<input type="checkbox"/>	<input type="checkbox"/>	DATE: _____	

AF2009-185

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

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

Total Purchase Price of Conversion/s (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:

THIS SECTION FOR OFFICE USE ONLY - GAMING SECTION	
Financial Arrangement Approved	Y <input type="checkbox"/> N <input type="checkbox"/> 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

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	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	\$..... (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)					