



GAMING MACHINE ACT 2004, s22(1)(h)

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

APPLICATION - TECHNICAL AMENDMENT	- Garring				
SECTION 1 - Details of Applicant		Please select <u>ONE</u> option:			
An applicant may be:		☐ REPLACEMENT			
A club licensee; orA hotel or tavern licensee.		☐ CONVERSI	ON		
Name of Licensee and Licence Number (enter	· toyt)				
Name of Licensee and Licence Number (enter	lexi)				
Physical Address (enter text)					
Postal Address (enter text)					
· · · · · · · ·					
Contact Person (enter text)	Talanho	one (enter text)	Facsimile (enter text)		
Contact i cison (citici text)	ГСІСРІІС	one (enter text)	r acsimile (enter text)		
Email Address (enter text)					
CECTION 2. Details of American Complianting	ماليم منالمات				
SECTION 2 - Details of Approved Supplier ins	stailing the	e gaming machine re	placements of conversions.		
Name of Approved Supplier (enter text)					
Physical Address (enter text)					
Postal Address (enter text)					
· · · · · · ·					
Contact Person (enter text)	Telenho	one (enter text)	Facsimile (enter text)		
Contact i croom (enter text)	Гоюрис	one (enter text)	r desirine (eriter text)		
Email Address (enter text)					
CECTION 2. Datails of Approved Cumplier cu	nnlying th	ao gamina machina r	onlacements or conversions		
SECTION 3 - Details of Approved Supplier supplier supplier (enter text)	ppryrrig ir	ie gariing machine n	epiacements of conversions.		
Name of Approved Supplier (enter text)					
Postal Address (enter text)					
Contact Person (enter text)	Telepho	one (enter text)	Facsimile (enter text)		
, , ,		,	, ,		
Email Address (enter text)					
Email Madicoo (Citici toki)					
GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART					
AUTHORISED BY	DATE	3, 111 110 1 10 00W	APPROVAL NUMBER		
AUTHORISED DT	DAIL		ALL NOVAL NOWDER		

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SECTION 4 - Details of disposal of gaming machine/s (if applicable - replacements only).					
Name of person who is to acquire the gaming machines upon disposal (i.e. recipient) (enter text)					
Postal Address (enter text)					
,					
Contact Person (enter text)	Talan	hone (enter text)	Facsimile (enter text)		
Contact i erson (enter text)	reiep	mone (enter text)	i acsimile (enter text)		
Email Address (enter text)					
SECTION 5 – Financial Arrangements.	6.11				
To be completed by authorised representative	of licen	see			
Total Purchase Price of Conversion/replaceme	ents		\$		
Source of finance (please select one)					
Cash from licensees funds					
Other – please provide details below					
Provider of finance (enter text)		Duration of agreement	(enter text)		
(enter tem)		2 a. a.ion or agreement	(enter terry		
SECTION 6 - To be completed by authorised ro	enreser	ntative of licensee			
SECTION 6 To be completed by duffortseur	оргозог	native of neerisee.			
I (print or type full name of licensee representa	tive)				
on behalf of the (print or type name of licensee)				
on behalf of the (print of type name of ileensee)					
do hereby declare that the information on this application form is true and correct.					
Signed					
Position (print or type position held with licensee)					
Date					
SECTION 7 - To be completed by authorised ro	enreser	ntative of person acquirin	ng the gaming machines upon		
disposal (if applicable - replacements only).	оргозог	native of person acquiring	ig the gaming machines apon		
are posses (in approaudice representative emission)					
I (print or type full name of authorised representative of person acquiring the gaming machines upon disposal)					
on behalf of the (print or type name of person acquiring the gaming machines upon disposal)					
Do hereby declare that the disposal information on this application form is true and correct.					
Do notoby accided that the disposal information on this application form is true and correct.					
Signed		ı	Dato		
Signed			Date		

SECTION 7 - Details of Gaming Machines to be replaced/converted.						
GAMING MACHINE 1						
Serial Number	Machine Name	RTP %	BCV			
Specification						
Number	Platform/Cabinet	Link Number	Link %*			
Tickets – (select if	Tickets – (select if applicable) Ticket In Ticket Out (TITO) Ticket Out only					
Existing Machine Details						
Serial Number	Machine Name	Link Number*	Link %*			
GAMING MACHINE 2						
Serial Number	Machine Name	RTP %	BCV			
Seriai Nullibei	Machine Name	K11 /0	DCV			
Specification						
Number	Platform/Cabinet	Link Number	Link %*			
Tickets – (select if	applicable) Ticket In Ticket Out (TITO) 🗌 Tick	et Out only				
Existing Machine D	etails					
Serial Number	Machine Name	Link Number*	Link %*			
	- 0					
GAMING MACHINI		DTD 0/	DOM.			
Serial Number	Machine Name	RTP %	BCV			
Specification						
Number	Platform/Cabinet	Link Number	Link %*			
Tickets – (select if applicable) Ticket In Ticket Out (TITO) Ticket Out only						
Existing Machine Details						
Serial Number	Machine Name	Link Number*	Link %*			

^{*}If applicable. 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's approval is not given within 4 weeks after the linked-jackpot authorisation is cancelled or surrendered then an extension must be sought, otherwise the amount is a debt owing to the Territory.

SECTION 8 - Documents that must accompany this application.

• Sales order or acknowledgement from an Approved Supplier detailing proposed replacement/conversion arrangements and cost. The sales order must be signed by the licensee and the Approved Supplier.

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/Fees.htm
- 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: gaminq.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:				
(Authorised Officer)				