

APPLICATION FOR APPROVAL OF AN ARRANGEMENT FOR THE REDISTRIBUTION OF AN UNDISBURSED JACKPOT

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

Information

If an amount available for allocation as a prize in a linked-jackpot arrangement has not been won, and cannot be won because the approval for the arrangement has been cancelled or surrendered, a licensee may seek approval for an arrangement to redistribute the amount as a prize, or an addition to another jackpot.

If the person who held the approval for the linked-jackpot arrangement has stopped operating gaming machines or the Commission's approval has not been given for an arrangement to redistribute the amount as a prize within 4 weeks after the linked-jackpot authorisation is cancelled or surrendered then the amount is a debt owing to the Territory. An extension of the four week period can be sought for a good reason.

SECTION 1 - Details of Applicant

Name of licensee (enter text)		Licence Number (enter text)
Postal address (enter text)		
Name of authorised premises (enter text)		Certificate Number (enter text)
Address of authorised premises (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter one email address only – the approval or refusal will be emailed to this email address only.)		

SECTION 2 - Details of funds to be disbursed

Name and link number of linked-jackpot arrangement to be cancelled (enter text)			
Date link is expected to cease (enter text)			
Total funds to be disbursed - \$(enter text)			
	Start Up	Increment	Total
First			
Second			
Third			
Fourth			
Hidden			
		Total	

AF2015-139

SECTION 3 – Proposed method of disbursement

The applicant proposes to disburse the funds as follows (briefly enter details of proposed disbursement and include the expected time it will take to disburse the funds).

SECTION 4– Documents required with this application

- If the funds are to be disbursed via a promotion the Terms and Conditions of the proposed promotion must be submitted with this application.

SECTION 5 – To be completed by authorised representative of licensee.

I (print or type full name of licensee's representative)

on behalf of the (print or type name of licensee)

do hereby declare that the information on this notification form and the accompanying documentation is true and correct.

Signed

Position (print or type position held with licensee)

Date

GAMING REGULATION SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART

APPLICATION FEE PAID		YES	NO
AUTHORISED BY	DATE		
DISBURSAL COMPLETED	DATE		

SECTION 6 – Important Information

- The prescribed fee must accompany this application.
- Please note that once this notification 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
- 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: gaming.operations@act.gov.au

SECTION 7 – 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 – LICENSEE NOT TO COMPLETE THIS PART

Payment

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