

NOTIFICATION – DISPOSAL OF CLASS B AUTHORISATIONS TO CLASS C LICENSEE

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

Details of Notification

To be completed by a class B licensee disposing of one or more authorisations for class B gaming machines to a class C licensee.

Note:

- *The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.*

SECTION 1 - Details of Disposing Licensee

Name of class B 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 text)		

SECTION 2 - Details of the Purchaser

Name of purchasing 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 text)		

AF2015-126

SECTION 2 - Details of Disposal

How and to whom gaming machine is to be disposed (enter text)

SECTION 3 - Details of authorisations and gaming machines being disposed

AUTHORISATION 1		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

AUTHORISATION 2		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

AUTHORISATION 3		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

AUTHORISATION - TO BE FORFEITED		ID Number	
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			

SECTION 4 - Documents that must accompany this application.

- Evidence of destination of gaming machine; and
- Details of turnover and total win meter readings from affected gaming machines.

Please Note: A Monthly Tax Return and payment of tax funds may be required.

SECTION 5 – To be completed by authorised representative of disposing 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

SECTION 6 – Important Information

- The prescribed fee must accompany this notification.
- 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

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

NOTIFICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

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)