

APPLICATION FOR APPROVAL TO REPOSSESS A GAMING MACHINE

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

Information

A person enforcing a financial agreement or a supplier may apply for approval to repossess a gaming machine.

Please note that once gaming machines have been repossessed the organisation taking the machines must advise the Commission in writing.

An Application for Disposal of a Gaming Machine must be completed and submitted for consideration by the Commission prior to disposal of any gaming machine.

SECTION 1 - Details of Organisation Repossessing Gaming Machines

Name of applicant (enter text)		Certificate Number (if an approved supplier)(Enter Text)
ACN:	ABN:	
Business address (enter text)		
Postal address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile(enter text)
Email Address (enter text)		

SECTION 2 - Details of Organisation Currently in Possession of Gaming Machines

Name of Licensee (enter text)		Licence Number (Enter Text)
Name of Authorisation Certificate Holder (enter text)		Authorisation Certificate No. (Enter Text)
Address where machines are currently located (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile(enter text)

AF2015-76

SECTION 3 – Reason for repossession

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SECTION 4 - Details of Gaming Machines to be repossessed

GAMING MACHINE 1		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 2		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 3		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 4		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 5		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 6		ID Number (if applicable)	
Serial Number	Machine Name		

SECTION 6 – Documents that must accompany this application

- Evidence that the repossessing organisation is entitled to repossess the gaming machines; and
- If the gaming machines are to be disposed of, an *Application for Disposal of a Gaming Machine*.

SECTION 7 – To be completed by authorised representative of applicant.

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

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

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 applicant)

Date

SECTION 8 – 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

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

APPLICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

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 – LICENSEE NOT TO COMPLETE THIS PART

Payment

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