



Gambling and Racing Control Act 1999, s 53D

GAMING MACHINE ACT 2004, s 38M(1)(b)

APPLICATION – AMEND IN-PRINCIPLE APPROVAL – REMOVE OR CHANGE A CONDITION

SECTION 1 - Details of Applicant. An applicant may be:

- The holder of an in-principle approval provided under the *Gaming Machine Act 2004*.

Name of Applicant (enter text)

Address of Registered Office (enter text)

Physical 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 why this amendment to the in-principle approval is being sought

(enter text)

SECTION 3 – To be completed by authorised representative of the Applicant.

I (print or type full name)

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

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

Signed:

Date:

GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART.

APPLICATION FEE PAID:

YES

NO

AUTHORISED BY:

DATE:

YES

NO

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: [Link to Fees section of Gambling and Racing Commission website](#)
- 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: [email lodgement of application](#)

SECTION 6 – 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: Date...../...../..... Receipt Number:
(Authorised Officer)