

NOTIFICATION – TRANSFER OF AN AUTHORISATION CERTIFICATE

If insufficient space is available for responses please attach additional information

Details of Notification

A licensee (the *outgoing licensee*) may transfer an authorisation certificate to another licensee (the *incoming licensee*). The *incoming licensee* must notify the Commission.

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 Incoming Licensee

Name of <i>incoming licensee</i> (enter text)		Licence Number (enter text)	
Postal address (enter text)			
Name of authorised premises (enter text – if club will be changing name, please list both the former and new name)			
Address of authorised premises (enter text)			
Block (enter text)	Section (enter text)	Suburb (enter text)	
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text)			

SECTION 2 - Details of Outgoing Licensee

Name of <i>outgoing licensee</i> (enter text)		Authorisation Certificate Number (enter text)	
Postal address (enter text)			
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text)			

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SECTION 2- Documents that must accompany this notification.

- A copy of the *incoming licensee's* contractual arrangements relating to the use of the premises to which this notification relates.
- Gaming machine rules to be utilised at the premises.
- Control procedures to be utilised at the premises.

SECTION 3- Documents that must be provided by the *outgoing licensee* to the Commission prior to transfer.

- The *outgoing licensee's* computer cabinet registers.
- Accounts kept by the *outgoing licensee* under section 52 that relate to amounts taken during the month when the transfer is to be made.
- Any outstanding amount payable by the *outgoing licensee* under the Act (eg. tax amounts).

SECTION 4 – To be completed by authorised representative of *incoming licensee*.

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

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

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

Signed
 Position (print or type position held with *incoming licensee*)

Date

SECTION 5 – 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 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)