



Application for Recognised Manufacturers or Suppliers of Gambling Equipment

Gaming Machine Act Section 116

Gaming Control Act*

Please print in block letters. If there is insufficient space, attach extra sheets. All applicable questions must be answered and full particulars provided.

Application for Recognised Manufacturers or Suppliers of Gambling Equipment	
1. Company Information	
Registered Company Name(s):	
ACN:	
Trading Name(s):	
Registered address:	
Address of other offices (if any):	
Purpose of the Company	
Paid up capital in the company	
Attach current company search and Business Name Registration	<input type="checkbox"/>
2. Directors, Company Secretary and any other Senior Office Holder (Attach separate sheets if space is insufficient). (note: a separate 'Deed of Release and Indemnity' form will be required for each person)	
Full Name:	
Date of birth:	
Place of birth:	
Current residential address:	
Office held:	
Offices held in other companies (if any):	
Details of criminal convictions (if any):	
Details of criminal investigations or prosecutions pending (if any):	

* Pursuant to the Directions issued by the Director-General of Licensing

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Full name:

Date of birth:

Place of birth:

Current residential address:

Office held:

Offices held in other
companies (if any):Details of criminal
convictions (if any):Details of criminal
investigations or
prosecutions pending (if any):**3. Financial Information**

Financial accounts of the company for the past two years, audited if available

Details of the current financial status of the company and associated entities including details of
bankers, accounts and Auditor

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Please provide the following details for any employee of the company who will have contact with the Authority. Include sales representatives, maintenance personnel, etc. (Attach separate sheets if space is insufficient).

(note: a separate 'Deed of Release and Indemnity' form will be required for each employee)

Name:

Address:

Date of birth:

Name:

Address:

Date of birth:

5. Shareholders – any shareholders controlling five (5) percent or more of the company's stock (Attach separate sheets if space is insufficient)

Full name:

Percentage of stock held:

Full name:

Percentage of stock held:

Where such a shareholder is a company – please complete the following:

Registered company name(s) and trading name(s):

Full names of the principals of the company:

Registered address:

Percentage of stock held:

Registered company name(s) and trading name(s):

Full names of the principals of the company:

Registered address:

Percentage of stock held:

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Registered company name(s) and trading name(s):	
Purpose of the company:	
Paid up capital of the company:	
Registered company name(s) and trading name(s):	
Purpose of the company	
Paid up capital of the company:	

7. Any other information which you consider relevant to the application**8. Deed of Release and indemnity form**

Contact Licensing, Regulation and Alcohol Strategy for a copy of the deed of release and indemnity form.

9. Lodgement Options

Applications can be lodged with Licensing, Regulation and Alcohol Strategy at:

Darwin

Level 1, Enterprise House
28-30 Knuckey Street
Darwin
GPO Box 1154
Darwin NT 0801
t (08) 8999 1800
f (08) 8999 7498