

Lotteries

Application to become an Approved Association

Applicant Details		
Full Name of Association		
Does the applicant agree to receive correspondence via email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Association Incorporated? <i>(If Yes, Please enter an Incorporation Number below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incorporation Number:		
Association Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Association Head Office		
Post Office Box:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Principal Place of Business		
<input type="checkbox"/> Principal Place of Business Address is the same as Association Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Association Details		
Number of Members (including associates, social, country, etc.):		
Date of next Annual General Meeting:		
State the objects and purposes of the association:		

Public Officer Details		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:	Place of Birth:	
Residential Address		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Residential Address		
Post Office Box:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Nominated Person Details		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:	Place of Birth:	
Residential Address		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Residential Address		
Post Office Box:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		

Committee Members			
Surname:	Title:		
Given Name(s):	Other Names:		
Date of Birth:	Place of Birth:		
Position Held:	<input type="checkbox"/> President	<input type="checkbox"/> Chair Person	<input type="checkbox"/> Administrator
	<input type="checkbox"/> Vice President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
Postal Address and Contact Details			
Unit/Building Number:	Street Number:		
Street Name:			
Post Office Box:			
Suburb:	State:	Postcode:	
Country:			
Telephone:	Mobile:		
Fax Number:			
Email:			
Committee Members (2)			
Surname:	Title:		
Given Name(s):	Other Names:		
Date of Birth:	Place of Birth:		
Position Held:	<input type="checkbox"/> President	<input type="checkbox"/> Chair Person	<input type="checkbox"/> Administrator
	<input type="checkbox"/> Vice President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
Postal Address and Contact Details			
Unit/Building Number:	Street Number:		
Street Name:			
Post Office Box Address:			
Suburb:	State:	Postcode:	
Country:			
Telephone:	Mobile:		
Fax Number:			
Email:			
Committee Members (3)			
Surname:	Title:		
Given Name(s):	Other Names:		
Date of Birth:	Place of Birth:		
Position Held:	<input type="checkbox"/> President	<input type="checkbox"/> Chair Person	<input type="checkbox"/> Administrator
	<input type="checkbox"/> Vice President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer

Postal Address and Contact Details		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Committee Members (4)		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:	Place of Birth:	
Position Held:	<input type="checkbox"/> President <input type="checkbox"/> Chair Person <input type="checkbox"/> Administrator <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	
Postal Address and Contact Details		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Unattested Declaration under the Oaths, Affidavits and Declaration Act		
I, <i>(Full Name)</i>	of: <i>(Address)</i>	
solemnly and sincerely declare that:		
1. all statements and information contained in this application are true and correct to the best of my knowledge; 2. I have read and understood the information contained in this application; and I further state that: 3. This declaration is true and correct; and 4. I know that it is an offence to make a declaration that is false in any material particular;		
This declaration is made at: <i>(Location)</i>		on: <i>(Date)</i>
Signature of Public Officer:		
Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.		
Supporting Documents		
The following documents are required to be lodged with the application:		
<input type="checkbox"/> Certified copy of the Constitution (if Association is not incorporated Under the <i>Associations Act</i> .)		

Privacy Statement	
The Northern Territory Government complies with the Information Privacy Principles scheduled by the <i>Information Act</i> .	
Fees and Payment	
Contact your local Territory Business Centre for the relevant schedule of fees.	
Cash – Territory Business Centre <input type="checkbox"/>	
Cheque - payable to Receiver of Territory Monies (RTM) <input type="checkbox"/>	
Credit card	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Name on Card	
Credit Card Number	
Credit Card Expiry Date	
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$	
Amount in words	
Signature:	Date
Contact Phone Number	
Lodgement Options	
Applications can be lodged at a Territory Business Centre with the prescribed fee at:	
Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway Berrimah GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territory.businesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@nt.gov.au
Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@nt.gov.au	Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au