**Gaming Machine Act Section 116**

**Gaming Control Act*[[1]](#footnote-1)***

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 | | | | | | |  |
| **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): | | | | |  | | |
| 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 | | | | | | | |
|  | | | | | | | |
| **4. Employee Information** | | | | | | | |
| 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: | | |  | | | | |
| **6. For each company which is a subsidiary of, or controlled by your company** | | | | | | | |
| 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 | | | | | | | |

1. Pursuant to the Directions issued by the Director-General of Licensing [↑](#footnote-ref-1)