

Application to **AMEND** Licence to  
Conduct Class 3 GamblingGambling Act 2003  
GC12

Office use only

Application Number

Responsible Officer

Licence Number

DATE STAMP

Privacy Act 1993: The particulars in this form which relate to individuals are personal information under the Privacy Act. This information is required so that the Department of Internal Affairs can consider the society's application under the Gambling Act 2003.

The information will be held by the Department of Internal Affairs and may also be disclosed to the Police and other agencies, subject to the Criminal Records (Clean Slate) Act 2004. Any person about whom information is collected has the right of access to, and correction of, that information.

The Class 3 amendment fee is \$351.64 (GST incl). Please complete sections A and only those sections of this form that relate to your proposed amendments, enclose your licence fee and all required documentation, then return the application to the Department of Internal Affairs. You will receive a receipt once your application has been processed.

Keep a copy of your completed application for your records. If this application is incomplete it will be returned to you without being processed.

Please also ensure that you complete and return the Declaration on page 5 of this form.

PLEASE PRINT CLEARLY.

### You MUST apply for an amendment to your class 3 operator's licence when your society proposes to:

Please tick the proposed amendment

- Change the authorised purpose to or for which net proceeds from the class 3 gambling will be applied or distributed; or
- Make any other change that impacts on its ability to comply with the Gambling Act 2003 or the licence, for example changes to:
- the frequency of the gambling (for housie)
  - the dates of the gambling
  - times (for housie)
  - officers of the society, or
  - the coordinator/organiser

### A. Society Details

You can find your **Corporation Number** on your Certificate of Incorporation or from the Companies Office. For further information visit the Companies Office website [www.companies.govt.nz](http://www.companies.govt.nz)

The **contact person** is the person who will answer any questions we might have during the amendment process. Please ensure that this person can be contacted at the phone number provided during working hours. The amended licence will be sent to the postal address entered in this section.

If your gambling is conducted regularly, (e.g. housie), the applicant must be a corporate society as defined by the Gambling Act 2003.

### A. Society Details

Yes, we are a corporate society. Corporation number \_\_\_\_\_  
*as per your Certificate of Incorporation*

Licence number of gambling activity to be amended \_\_\_\_\_

Name of society \_\_\_\_\_

Physical address \_\_\_\_\_  
\_\_\_\_\_

Postal address \_\_\_\_\_  
*if different from above*

Suburb \_\_\_\_\_ Town/city \_\_\_\_\_

Suburb \_\_\_\_\_ Town/city \_\_\_\_\_

Contact person's last name \_\_\_\_\_ All first names \_\_\_\_\_

Role in society \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email \_\_\_\_\_ Web address \_\_\_\_\_

Preferred contact method *please tick*

Daytime phone  Evening phone  Fax  Mobile  Email



**C. Change to Dates of Gambling Activity**

New ticket sales open      /      /      New ticket sales close      /      /

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New date of draw/event      /      /      New date(s) the results  
will be published      /      /

*must be within seven days of draw/determination date*

New last date to  
claim prize (\$)      /      /

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**D. Organiser and Society Officers**

Please provide details of the Organiser and all officers of your society.

FOR MORE INFORMATION visit our website [www.dia.govt.nz](http://www.dia.govt.nz) and click on gambling.

**D. Change in Organiser and Society Officers**

1. Previous Organiser

Last name      All first names

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Role in society

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1b. New Organiser

Last name      All first names

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Role in society

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2. Previous society officers information

Last name      All first names

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Role in society

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Last name      All first names

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Role in society

---

Last name      All first names

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Role in society

---

2b. New society officers information

Last name      All first names

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Role in society

---

Last name      All first names

---

Role in society

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Last name      All first names

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Role in society

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All of the listed persons **MUST complete and sign** a Personal Information Form if they have not already done so, or if their details have changed. Please attach completed forms to this application.



**DECLARATION**

To be completed by the Chair of Trustees/ President *and* Chief Executive Officer or General Manager

I, \_\_\_\_\_ of \_\_\_\_\_  
*full name place of abode and occupation*

solemnly and sincerely declare that:

- All the details entered in, or provided with, this Class 3 Operator's Licence Application are true and correct to the best of my knowledge.
- I understand that if I have provided information that is materially false or misleading, the society may have its licence cancelled or not renewed.
- I have read and understood the relevant regulatory requirements. If needed, I have obtained/will obtain legal advice to ensure compliance with these requirements.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
*place date month year*

Signature \_\_\_\_\_

Before me \_\_\_\_\_  
*full name*

Signature \_\_\_\_\_  
*Solicitor, Justice of the Peace or other person authorised to take a statutory declaration*

I, \_\_\_\_\_ of \_\_\_\_\_  
*full name place of abode and occupation*

solemnly and sincerely declare that:

- All the details entered in, or provided with, this Class 3 Operator's Licence Application are true and correct to the best of my knowledge.
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Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
*place date month year*

Signature \_\_\_\_\_

Before me \_\_\_\_\_  
*full name*

Signature \_\_\_\_\_  
*Solicitor, Justice of the Peace or other person authorised to take a statutory declaration*



### Checklist - please tick

Please ensure that you have included the following with your application (where applicable):

- Amendment licence fee \$351.64 (*GST incl.*)
- If the authorised purpose is overseas travel, an itinerary and, if relevant, a letter from host organisation
- Personal Information Forms for all key persons
- Any supporting documentation relating to the proposed amendment(s) of your licence

You may be required to provide further information to assist the Department in assessing your application.

If your application is incomplete or missing supporting documentation, it will be returned to you. This will delay processing. Please also check the accuracy of the application and ticket draft as inaccuracies will cause significant delays.



Please go to page 7 and complete your return address details on the Receipt of application slip.

## Return Address

Please return your completed application form to: **Licensing Unit  
Gambling Compliance Group  
Department of Internal Affairs  
PO Box 10-095  
Wellington 6143**

### Receipt of application

The Department of Internal Affairs Gambling Licensing Unit received your application on

It will be processed as soon as possible.

**!** Please complete your return address details. *(Please include your postcode)*

*Date Stamp*

Attention	_____
Society	_____
Postal Address	_____
Suburb	_____
Town/City	_____

**This receipt of application does NOT indicate approval of the application**