

DATE STAMP	Office use	Application Number
		<input type="text"/>
		Responsible Officer
		<input type="text"/>
		Licence Number
		<input type="text"/>

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 State) Act 2004. Any person about whom information is collected has the right of access to, and correction of, that information.

Please complete this form, **enclose your fee of \$650.13 (GST incl.)** 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 complete and submit sections A and B and only those sections of this form that relate to your proposed Amendments/Notifications.**

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

**PLEASE PRINT CLEARLY.**

**A. Amendments and Notifications**

Please tick the proposed **amendment** and provide details of the proposed amendment in the spaces on page 2.

You **MUST** apply for an **AMENDMENT** to your Class 4 Operator's Licence when your corporate society proposes to:

- add a new key person

Please tick the circumstances to which this **notification** relates and provide details in the spaces provided on pages 3 and 4.

You **MUST NOTIFY** the Department and provide details before, or as soon as practicable after, one of the following things occur:

- a key person in relation to the Class 4 Operator's Licence:
  - is convicted of a relevant offence
  - is placed in receivership, goes into liquidation or is adjudged bankrupt
  - breaches a rule of racing made under the Racing Act 2003
  - ceases to be a key person or is incapable of performing the duties of his or her position

**Note: If your application relates to Non-Key Person Amendments/Notifications, you should complete form GC2A.**

**B. Society Details**

Name of society

Corporation number

*as on your certificate of incorporation*

Current operator's licence number NZGM

Physical address

*Suburb*

*Town/city*

Postal address

*if different from above*

*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. Key Persons**

The Department may carry out checks on key persons in relation to corporate societies to ascertain whether they are suitable to operate gaming machines. Key persons can include organisations and individuals.

The Department requires information on all persons with a significant role in relation to the corporate society so that it can determine whether they are key persons.

A key person in relation to a Class 4 Operator's Licence is:

- a trustee or other officer of the applicant corporate society
- the chief executive (or a person who performs that function) of the applicant corporate society
- anyone who exercises significant influence in the management of an applicant society, including a management company and its officers

Significant influence may include but is not limited to:

- the power to make decisions that would normally be made by the trustees, officers or senior management of the corporate society
- the power to appoint trustees, officers or senior management or to alter the society's constitution
- influencing the grants decision-making process.

You should note that no licence will be granted until the Department has conducted all necessary suitability checks. The Department may refuse to grant a licence if an applicant fails to provide sufficient information.

**C. Key Persons**

Please provide a list of ALL NEW key persons or other persons who may have a significant influence in relation to the management of your corporate society. If a person has more than one role in the society please list them all. If the key person is an organisation, please state the organisation's name plus the names of any individuals holding key positions in the organisation.

Last name	All first names
<hr style="border: 0.5px solid #ccc;"/>	
Role within or relationship to corporate society	
<hr style="border: 0.5px solid #ccc;"/>	
Last name	All first names
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Role within or relationship to corporate society	
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Role within or relationship to corporate society	
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Please attach Personal Information forms for all listed key persons.

Other people who are considered by the Department to be key persons may be required to complete a Personal Information

**D. Notification of Relevant Offences, Receivership, Liquidation and Bankruptcy of a Key Person**

You must notify the Department if a key person in relation to your society is convicted of a relevant offence, placed in receivership, goes into liquidation, is adjudged bankrupt or breaches a Rule of Racing made under the Racing Act 2003.

A **relevant offence** is defined in section 4 of the Gambling Act as:

- A crime involving dishonesty - this includes crimes in section 10 of the Crimes Act
- A crime considered by the Secretary or the Gambling Commission, as the case may be, to be relevant and serious
- An offence against this Act, the previous gaming Acts, the Racing Act 2003, or the Racing Act 1971
- An offence against a regulation made under the previous gaming Acts, the Racing Act 2003, or the Racing Act 1971.

**D. Notification of Relevant Offences, Receivership, Liquidation and Bankruptcy of a Key Person**

Last name \_\_\_\_\_ All first names \_\_\_\_\_

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

Details \_\_\_\_\_

Last name \_\_\_\_\_ All first names \_\_\_\_\_

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

Details \_\_\_\_\_

*continue on a separate sheet if necessary*

**E. Notification of Changes in Circumstance or Details of a Key Person**

If any other previously submitted information has changed please provide details. Please include details of anyone ceasing to be a key person. If the key person is an organisation, please state the organisation's name.

Last name \_\_\_\_\_ All first names \_\_\_\_\_

Role within or relationship to corporate society \_\_\_\_\_

Details of change \_\_\_\_\_

Last name \_\_\_\_\_ All first names \_\_\_\_\_

Role within or relationship to corporate society \_\_\_\_\_

Details of change \_\_\_\_\_

Last name \_\_\_\_\_ All first names \_\_\_\_\_

Role within or relationship  
to corporate society

Details of change

Last name

All first names

Role within or relationship  
to corporate society

Details of change

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Role within or relationship  
to corporate society

Details of change

Last name

All first names

Role within or relationship  
to corporate society

Details of change

**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 4 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 4 Operator's Licence Application are true and correct to the best of my knowledge.
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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*



### Checklist - please tick

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

Your application fee

Personal Information Forms for ALL key persons

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 without being processed. Please also check the accuracy of the application and supporting documentation as inaccuracies/inconsistencies 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 Unit  
Department of Internal Affairs  
PO Box 10-095  
Wellington 6143**

To find out more about gaming machine licensing, visit our website [www.dia.govt.nz](http://www.dia.govt.nz) or call us toll free on 0800 257 887.

### Receipt of application

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

It will be processed as soon as possible.

**Please complete your return address details.** *(Please include your post code)*

Attention \_\_\_\_\_

Society \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

Date Stamp

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