

**APPLICATION BY CASINO LICENCE HOLDER TO HAVE GAMBLING COMMISSION
SPECIFY, VARY OR REVOKE CONDITION(S) OF A CASINO LICENCE UNDER
SECTION 139(1)(d) OF THE GAMBLING ACT 2003**

1. Name of casino licence holder:
2. Casino licence holder's postal address:
3. Casino licence holder's contact phone number and email address:
4. Description of casino licence in respect of which this application is made:
5. Details of proposed changes sought to the casino licence condition(s):
6. Reasons for request for proposed changes to the casino licence condition(s):
7. Name and contact details of any persons who might be affected by the requested change to the Casino Licence conditions:
8. Please submit with this application a copy of the relevant existing casino licence conditions.
9. A fee of \$1,022.22 is due for this application. Please make payment by bank transfer as follows:

Bank: Westpac Banking Corporation
Branch: NZ Government
Account no: 03-0049-0002007-00

In order that the fee is directed to the correct location, once payment is made please email confirmation to info@gamblingcom.govt.nz

Date: _____

Signature: _____

Name of Signatory: _____

Designation of Signatory: _____