



ALDERNEY
GAMBLING CONTROL COMMISSION

APPLICATION FOR

APPROVAL OF GAMBLING EQUIPMENT

[INSERT LICENSEE'S or CERTIFICATE HOLDER'S NAME]

APPLICATION DETAILS

- (1) **Applicant's name:** [Click here to enter text.](#)
- (2) **Nominated principal contact person:** [Click here to enter text.](#)
- Tel: [Click here to enter text.](#)
- Email: [Click here to enter text.](#)
- Fax: [Click here to enter text.](#)
- (3) **Hosting provider:** [Click here to enter text.](#)
- (4) **System supplier:** [Click here to enter text.](#)
(if associate certificate held, provide details)
[Click here to enter text.](#)
- (5) **Website URL:** [Click here to enter text.](#)
- (6) **Proposed go-live date for equipment:** [Click here to enter a date.](#)

GAMBLING EQUIPMENT

- (7) **Gambling equipment approved in principle:**
(where the application relates in whole or in part to gambling equipment for which an associate certificate holder has obtained approval in principle identify with sufficient particularity the equipment in question and the date(s) on which associate certificate holder obtained its approval)
[Click here to enter text.](#)

(8) Previously unapproved gambling equipment:

(provide details of the type of gambling equipment concerned; describe the development process(es) undertaken, including the build number/ version and date(s); where the equipment will be added to currently approved gambling equipment, detail the inter-relationship of those elements; provide such manuals and documentation as will assist an evaluation of the equipment in question)

Click here to enter text.

(9) Further information:

(add such further information as you consider relevant to assist the Commission determine your application)

Click here to enter text.

DECLARATION

I have been duly authorised by the applicant to make this application on its behalf (see certified true copy of Minute attached).

I declare that the information contained in this application is true and accurate to the best of my knowledge, information and belief and that, if any of the information contained in or appended to this application is discovered to be false, I may be liable to prosecution.

Signature:

Name (print):

[Click here to enter text.](#)

Date:

[Click here to enter a date.](#)

The original completed application form and any attachments appended should be bound as a single document and, together with one digital copy should be forwarded to:

Director
Alderney Gambling Control Commission
St. Anne's House
Queen Elizabeth Street
ALDERNEY
GY9 3TB
via United Kingdom.