



ALDERNEY
GAMBLING CONTROL COMMISSION

APPLICATION FOR
APPROVAL IN PRINCIPLE OF
GAMBLING EQUIPMENT

[INSERT ASSOCIATE CERTIFICATE HOLDER'S NAME]

APPLICANT'S DETAILS

- (1) **Associate certificate holder'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.](#)_____

GAMBLING EQUIPMENT

- (3) **Gambling equipment for which approval in principle sought:**
(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 any gambling equipment currently approved in principle, 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.](#)
- (4) **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 of the same, should be forwarded to:

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