|  |
| --- |
| **COMMUNITY GAMING AUTHORITY**  *Community Gaming Act 2018; Community Gaming Regulation 2020* |
| **Notification Form for Commencement of Gaming Activity** |
|  |
| **What is this form used for?**  This form is used to notify NSW Fair Trading of the rules of an upcoming gaming activity.   1. Rules must be provided for each gaming activity to be conducted under a valid authority. 2. If the rules are the same for multiple gaming activities under a valid authority, you only need to provide one set of the rules. The rules must set out the entry dates for each gaming activity. 3. Rules must be provided **at least 10 business days** before the intended gaming activity is conducted. 4. This form must be completed and submitted by the individual holding a valid authority, or in the case of an organisation, an individual who has been authorised by the organisation to complete and submit this notification on its behalf. 5. Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents to support the application. 6. Rules must comply with the *Community Gaming Act 2018* and *Community Gaming Regulation 2020*. |
| **Changes to existing rules**   * For any changes to existing rules supplied to NSW Fair Trading, fill out the ‘Notification Form for Changes to Gaming Activity’ available on the Fair Trading website at [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au).   **Community gaming authorities**   * If you want to apply for a new community gaming authority go to the Fair Trading website at [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au).   For further information or help completing this form, call **13 32 20** or email [CElottery@customerservice.nsw.gov.au](mailto:CElottery@customerservice.nsw.gov.au) |
| ***Note: No fee is payable when lodging this form.*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 1 – AUTHORITY DETAILS** | | | | |
| Authority Number: | | | | |
|  | Click or tap here to enter text. |  | |  |
|  | | |  | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2 – AUTHORITY HOLDER DETAILS**  Organisation (please complete Part A)  Individual (please complete Part B) | | | | | | | | | | |
| **Part A: Organisation details** | | | | | | | | | | |
|  | Registered Name: | | |  |  | | | | | |
|  | Click or tap here to enter text. | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | Registered business (trading) name (if applicable): | | | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | |  |
|  |  | | |  |  | | |  | | |
|  | ABN: |  | ACN: | | |  |  | |  | |
|  | Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |  |
|  | Phone: | | |  | E-mail: | | | | |  |
|  | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | |  |
|  |  | | |  | | | | |  |
|  |  | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part B: Individual applicant details** | | | | | |
|  | | | | | |
|  |  |  | |  | |
|  | Title: |  | Family/Surname: | | |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. | |  |
|  |  |  |  | |  |
|  | Given names:  Other names:  Daytime contact number: |  | Mobile number: | |  |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. | |  |
|  |  |  |  | |  |
|  | Email address: | | | |  |
|  | Click or tap here to enter text. | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  |  |  |  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 3 – RULES** | | |
| 1. You must attach the rules for each gaming activity to be conducted under your authority. 2. If the rules are the same for multiple gaming activities, you only need to provide one copy of the rules which sets out the entry dates for each gaming activity. 3. You must also provide a summary of the rules below, as applicable to your gaming activity. If any of these details do not apply, please write “not applicable”. 4. For guidance on what is required in the rules, go to the [Fair Trading Website](https://www.fairtrading.nsw.gov.au/games-of-chance/community-gaming/charities-and-not-for-profits-only/art-unions).  |  |  |  | | --- | --- | --- | |  | Promotion name |  | |  | Promoter name |  | |  | Authority number |  | |  | Promotion period  *(if applicable)* |  | |  | Max. number of entries per participant |  | |  | Prize(s), including any bonus prizes |  | |  | Value of each prize |  | |  | Manner of resolving disputes |  | |  | Age limit for participants  *(if applicable)* |  | |  | Manner of notifying prize winners  *(if applicable)* |  | |  | Manner of announcing prize winners  *(if applicable)* |  | |  | Prize claim period  *(if applicable)* |  | |  | Circumstances for redetermination of prize winners  *(if applicable)* |  | | | |
| **SECTION 4 – DECLARATION** | |
| * I declare that I am 18 years or older and I am authorised to make this notification on behalf of the person or organisation conducting the gaming activity. * I declare that all reasonable steps will be taken to ensure that persons proposing to conduct the gaming activity and persons associated with proposed activity are fit and proper. * I declare that the contents of this notification including any attachments are true, correct and complete. * I acknowledge that under section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or deficient information in this notification. * I acknowledge that failure to provide all required information may result in refusal of the notification. * I understand that specific details I have supplied in this notification may be ‘personal information’ under the *Privacy and Personal Information Protection Act 1998*. Personal information is any information or opinion that identifies an individual, or enables someone to identify an individual. * I acknowledge that NSW Fair Trading is collecting personal information to enable processing of the notification. I also understand that this agency will use the information for its intended purpose only, store the information securely, and allow me to access and update the information. I also acknowledge that this agency, when processing this notification, may need to disclose personal information to other Government agencies. * I consent to the use of personal information in this notification for the purposes of maintaining the Community Gaming public register. | |
| **Signature** |  |
| **Printed name** | FULL NAME IN BLOCK LETTERS |
| **Position/ Title** | Position |
| **Date of signing** | Click or tap to enter a date. |