

# Application to Register for Gaming e-Licensing

**Name of Society**

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**Licence Number**      NZGM

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**Email**

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**Contact Person**

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**Contact Phone Number**

**Fax**

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I undertake on behalf of the society that only authorised representatives of the society will be given access to the login and password, that all applications made through the Gaming e-Licensing system will contain true and correct information and that the society will pay all invoices for fees payable by the society for applications forwarded through the e-Licensing system.

**Full Name of Trustee or Principal Officer**

(Block letters)

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**Signature**

**Date**

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A principal officer or trustee must sign the application on behalf of the society.

Please return your completed application form to:  
Gaming Licensing Office  
State Insurance Building  
46 Waring Taylor Street  
PO Box 10-095  
Wellington  
Tel: (04) 494-0700  
Fax: (04) 494-0656