

# **Machine Games Duty Application to Register**

Please read Notice 452 MAN before completing this application. Make sure you answer all the questions that are appropriate to your circumstances. Please write clearly and in black ink.

All applicants must complete Part A and the Declaration and –

- If you are registering as a sole proprietor you must complete Part B.
- If you are a corporate body, such as a limited company, you must complete Part C.
- If you are registering as a partnership you must complete Part D.
- If you are established outside the Island and wish to appoint a representative in the Island, please complete Part E.
- If you are registering as a group you must complete Part F and enclose the necessary Form(s) MGD 3A MAN providing details of members of the group. The representative member of the group must be the business specified in Part A.
- If you are appointing a local agent please complete Part G.

Please send the completed form to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG. If you need further help or have any other queries, please call the Advice Centre on +44 (0) 1624 648140.

## Part A - About the business

What type of business do you wish to register?		Sole Proprietor Partnership Limited Company Unincorporated Body (e.g. club) Other (please specify below)
Full Name(s)		
Trading name (if different)		
Address of principal place of business	Address:	
	Postcode:	
VAT Registration Number (if any)		

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Do you noid a Gambling Supervision Commission	1 –					
Casino licence?			Yes		No	
Certificate for the operation of a controlled machine(s)?			Yes		No	
Licence for operation of a betting office?			Yes		No	
Contact Information -	Telephone:					
	Mobile number:					
	Fax No:					
	Email:			,		
	Address for o	orrespo	ndence:			
	Person to cor	ntact:				
Do you have a website?			Yes		No	
If so, what is its address?						
Are you resident outside the Isle of Man?			Yes		No	
If so, have you nominated an "overseas representative" in the Isle of Man to deal with Machine Games Duty for you?			Yes		No	
If you have nominated an "overseas repres	sentative" ple	ase co	mplete Part E			
Date that machines liable to Machine Games Duty were, or will be, available for play						
Is your business seasonal?			Yes		No	
Have you previously been registered for MGD?			Yes		No	
If Yes, what was the registration number						
Are you associated with any other businesses which are registered for Machine Games Duty?			Yes		No	
If Yes, provide their registration number(s)	1.					
	2.					
	3.					
	4.					

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What is your main business activity?				
What is your main business activity to which Machine Games Duty applies?	Casino Licensed bookmaker Amusement arcade Controlled machine in club Controlled machine in public house Controlled machine (other sites) (Please specify)			
Do you have more than one site containing machines liable to Machine Games Duty?	☐ Yes ☐ No			
If Yes, submit details on form MGD 5 MAN				
If No, please give the address of the site containing machines liable to Machine Games Duty?	Address:			
	Postcode:			
If you have more than one premises contai complete form MGD 5 MAN	ning machines liable to Machine Games Duty, please			
Part B – Sole Proprietor				
Date of birth (if sole proprietor)				
National Insurance number (if sole proprietor)				
Part C – Corporate Bodies				
Where is the business incorporated?				
Company registration (or other reference) numbers				
Date of Incorporation				

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Part D – Partnersnip				
Total number of partners				
Is the partnership registered at General Registry (eg business name, limited partnership)?	☐ Yes ☐ No			
Please complete form MGD 2 MAN with detail application	ils of all the partners and submit it with this			
Part E – Overseas Representative				
	ne Games Duty affairs of an operator who is resident outside re to approve the person nominated, but they must be			
Name and address of Overseas Representative	Name:			
	Address:			
	Postcode:			
Contact information -	Telephone:			
	Mobile number:			
	Fax:			
	Email:			
	Address for correspondence:			
	Postcode:			
	e group and must be the business specified in Part A. The bmits returns and with which Customs and Excise will bup for MGD purposes –			
	oup representative shed in the Isle of Man or United Kingdom first deregister before joining the group			
Total number of members of group				
Is each member of the group – A corporate body? Resident or established in the Isle of Man?	☐ Yes ☐ No ☐ No ☐ Yes ☐ No			
You should complete form MGD 3A MAN with	n details of all the members of the group			

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## Part G – Appointment of agent

You may wish to appoint an agent in the Island to handle your Machine Games Duty affairs. This person would be responsible for making your returns and handling payment of Machine Games Duty to Customs and Excise.

Please note that you will remain liable for any Machine Games Duty that is not paid, and for any penalties or interest arising from late or non-payment or late or non-submission of returns.

Name of person to act as agent			
Address	Address:		
	Postcode:		
Contact details	Telephone:		
Note This agent has permission to act on your	Mobile number:		
behalf in respect of MGD.  However, you remain liable for any MGD payable, and for any penalties or interest	Fax:		
	Email:		
arising from late or non-payment, or late or non-submission of returns.	Address for correspondence:		
	Postcode:		
VAT Registration number			
Does the person hold a licence or certificate from the Gambling Supervision Commission?	☐ Yes ☐ No		
If Yes, give details			
Date from which the person is to act as your agent			

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#### **Declaration**

I declare that to the best of my knowledge and belief the information I have given on this form and any accompanying documents is complete and correct.

I understand that where a group registration is applied for all members of the group will be jointly and severally liable for machine games duty due from the representative member for the period that the group exists.

Status or position	(e.g. proprietor, partner, director, trustee etc)					
Date						
Full name						
Signature						
Accompanyi	ng documents –					
MGD 2 MAN	– details of partners		Yes		No	
MGD 3A MA	N – details of group members		Yes		No	
MGD 5 MAN	– details of premises		Yes		No	

### **Privacy Notice**

The Treasury collects information about you in order to administer taxation and carry out other functions for which it is responsible (e.g. National Insurance, customs and excise duties, property rates, social security benefits, state pensions and legal aid etc.), and for the detection and prevention of crime. Whilst that information will primarily be provided by you, where the law allows we may also get information about you from other organisations, or give information about you to them. This may be to check the accuracy of the information provided, prevent or detect crime or protect public funds in other ways. These organisations may include other government departments, the police and other agencies.

To find out more about how we collect and use personal information, contact any of our offices or visit our website at: <a href="https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/">https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/</a>

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