



SCHEDULE 2 OF THE GAMING (AMENDMENT) ACT 1984

APPLICATION TO REGISTER A CONTROLLED MACHINE

This form should be completed by a company wishing to register a controlled machine.

Please complete in capital letters using black ink.

This application and all accompanying documents and correspondence must be in English.

1 – DETAILS OF CONTROLLED MACHINE

Machine Name			
Tag Number*			
Machine Type	AWP	QWP	AO
Stake Per Line			
Jackpot			
Machine Site			
Manufacturer			
Serial Number			
Return to Player % the machine will be set to			
Meter Readings	Cash In	Cash Out	

2 – DECLARATION

The Applicant Company hereby applies to the Gambling Supervision Commission to register a Controlled Machine as defined under Section 1 of the Gaming (amendment) Act 1984.

If you wish to register more than one machine please continue on the attached form.

The undersigned Officer of the Applicant Company hereby agrees:-

- To furnish any further information the Commission require when considering this application; and
- To notify the Commission immediately of any material changes in the information provided in this application.

I/We certify that the information provided in this application is, to the best of our knowledge and belief, complete and correct.

Please return this form to the office of the Gambling Supervision Commission, Ground Floor, St. George's Court, Douglas, Isle of Man. IM1 1ED

Signed:	
Position Held:	
Applicant Company Name:	
Tag Date:	

The GSC is registered with the Isle of Man Information Commissioner as a data controller under Isle of Man Data Protection Legislation.

The GSC collects and processes personal data to satisfy its legal obligation under Isle of Man gambling legislation. The GSC may also share personal information with third parties where it is necessary for the performance of a task and where there is a legal basis for doing so.

Further information on how the GSC collects and processes personal data can be found in the [Privacy Notice](#) and Integrity Guidance on the GSC website.

The Data Protection Officer can be contacted on DPO-GSC@gov.im on Tel +44 1624 694331.

*To be completed by Inspectorate

1. DETAILS OF CONTROLLED MACHINE

Machine Name	Tag Number*	Machine Type AWP/ QWP/ AO	Stake	Jackpot	Manufacturer	SN	RTP	Meter Readings	
								Cash In	Cash Out

Signed Inspector: _____

Date: _____