

The Manager  
 CMS Business Unit  
 GPO Box 7060  
 SYDNEY NSW 2001

**Fax: 9995 0878**

**Application to disconnect EGMs from the CMS, in accordance with the CMS Connectivity Arrangements**

I am writing to seek approval to disconnect gaming machines (EGMs) currently authorised in my premises for a period ***greater than seven days***.

I understand that the CMS Monitoring Fee will be charged for these gaming machines during the period of disconnection.

<b>No. of EGMs to be initially disconnected in this application:</b>		<input type="text"/>	
<b>No. of EGMs <u>already in storage</u> to be extended in this application:</b>		<input type="text"/>	
<b><u>A detailed listing of all gaming machines to be disconnected by serial number and game name must be attached.</u></b>			
<b>Date of Disconnection:</b>		<input type="text"/>	<input type="text"/>
<b>Estimated Date of Reconnection or Disposal:</b>		<input type="text"/>	<input type="text"/>
<i>Provide a <b>specific date</b>, allowing for possible delays (You may reconnect earlier, providing you notify the Board)</i>			
<b>Reason for Disconnection:</b>			
<b>Premise Number:</b>			
<b>Premise Name:</b>			
<b>Contact Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Postal address: (if premises will be closed during storage period)</b>			
<b>Name / Position:</b>			
<b>Signature:</b>		<b>Date:</b>	

If you have any questions in regards to this form, please contact the CMS Business Unit on (02) 9995 0861 or (02) 9995 0791



## Gaming Machine Details

### Gaming machines already in storage to be extended in this application

Serial # \_\_\_\_\_ Name \_\_\_\_\_

Does this application take the **total** storage period for this machine over one year ? **Y / N**

Serial # \_\_\_\_\_ Name \_\_\_\_\_

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Serial # \_\_\_\_\_ Name \_\_\_\_\_

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Serial # \_\_\_\_\_ Name \_\_\_\_\_

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Serial # \_\_\_\_\_ Name \_\_\_\_\_

Does this application take the **total** storage period for this machine over one year ? **Y / N**