



### When to use this form

If you want to be treated as a member of a group for the purposes of Machine Games Duty (MGD) the group must have applied for MGD group status by also filling in forms:

- MGD1 *Application to register a business* and
- MGD3 *Application for group treatment*.

You will need to complete form MGD3A for **each** corporate body to be included in the group. Each MGD3A should be signed by the group representative who signed forms MGD1 and MGD3.

Please make sure that you tell us how many forms of MGD3A you are submitting on form MGD3.

Please write clearly in black ink and use capital letters.

If you need any help you can phone our helpline on **0845 010 9000** or go to [hmrc.gov.uk](http://hmrc.gov.uk) and enter *Machine Games Duty* in the *Search* facility.

Send your completed form(s) to:

HMRC  
National Registration Unit  
Portcullis House  
21 India Street  
GLASGOW  
G2 4PZ

To find out what you can expect from us and what we expect from you go to [www.hmrc.gov.uk/charter](http://www.hmrc.gov.uk/charter) and have a look at *Your Charter*.

### About the corporate body to be included in the group

<p><b>1 Name of the corporate body</b></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>3 Does the business have a Unique Taxpayer Reference (UTR)</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, give the UTR number</p> <input style="width: 100%; height: 20px;" type="text"/>
<p><b>2 Is the business incorporated in the UK?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give the company registration number including any prefix if applicable</p> <input style="width: 100%; height: 20px;" type="text"/>  <p>Date of incorporation <i>DD MM YYYY</i></p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  <p>If No, please give the country of incorporation</p> <input style="width: 100%; height: 20px;" type="text"/>  <p>Foreign incorporation reference number <i>if applicable</i></p> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>4 Is the business registered for VAT in the UK?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, give the VAT Registration Number</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

## About the business

<b>5</b> Trading name of the business <i>if any</i>	<b>7</b> Contact information <i>You must provide at least one contact number</i>
<input type="text"/> <input type="text"/>	Phone number <input type="text"/>
<b>6</b> Business address <i>This is the address where most of the day to day running of the business is carried out</i>	Mobile number <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax number <i>if applicable</i> <input type="text"/>
Postcode <input type="text"/>	Email <input type="text"/>
Country, if not in the UK <input type="text"/>	

## Business operation details

<b>8</b> Has the business previously been registered for MGD? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give your MGD registration numbers <input type="text"/> <input type="text"/> <input type="text"/>	<b>10</b> What is the main activity of the business? <i>tick one box</i> <i>For groups, this will be the representative's Trade Class</i>
<b>9</b> Is the business associated with any other businesses which are registered for MGD? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give the MGD registration numbers <input type="text"/> <input type="text"/> <input type="text"/>	Amusement or Gaming Machine Supplier <input type="checkbox"/>
	Adult Gaming Centre <input type="checkbox"/>
	Family Entertainment Centre <input type="checkbox"/>
	Bookmaker and Betting Activities <input type="checkbox"/>
	Bingo Promotions <input type="checkbox"/>
	Casino <input type="checkbox"/>
	Public House <input type="checkbox"/>
	Clubs (including working men's clubs and Royal British Legion) <input type="checkbox"/>
	Other <input type="checkbox"/>
	If you ticked Other, what is the business activity? <input type="text"/> <input type="text"/>

## Business licences

<p><b>11</b> Does the business have an operating licence from the Gambling Commission?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, give us your Gambling Commission Operators Licence number</p> <input type="text"/>	<p><b>13b</b> Does the business hold any of these licences or permits for premises in Northern Ireland <i>tick all relevant boxes</i></p> <p>Registration certificate including a club registration <input type="checkbox"/></p> <p>Bookmaking office licence <input type="checkbox"/></p> <p>Bingo club licence <input type="checkbox"/></p> <p>Amusement permit <input type="checkbox"/></p> <p>License issued under the Licensing Order <input type="checkbox"/></p>
<p><b>12</b> Does the business have a public house tenancy where the alcohol licence is held by the landlord</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>13a</b> Does the business hold any of these licences or permits for premises in Great Britain <i>tick all relevant boxes</i></p> <p>Local authority premises licence <input type="checkbox"/></p> <p>Family entertainment centre gaming machine permit <input type="checkbox"/></p> <p>Club gaming permit <input type="checkbox"/></p> <p>Club machine permit <input type="checkbox"/></p> <p>Prize gaming permit <input type="checkbox"/></p> <p>On-premises alcohol licence <input type="checkbox"/></p> <p>Club premises certificate <input type="checkbox"/></p>	

## 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 all of the members of the group will be jointly and severally liable for Machine Games Duty due from the representative member for the period the group exists.

<p><b>Name</b></p> <input type="text"/> <input type="text"/>	<p><b>Signature</b></p> <input type="text"/>
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**Date** DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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