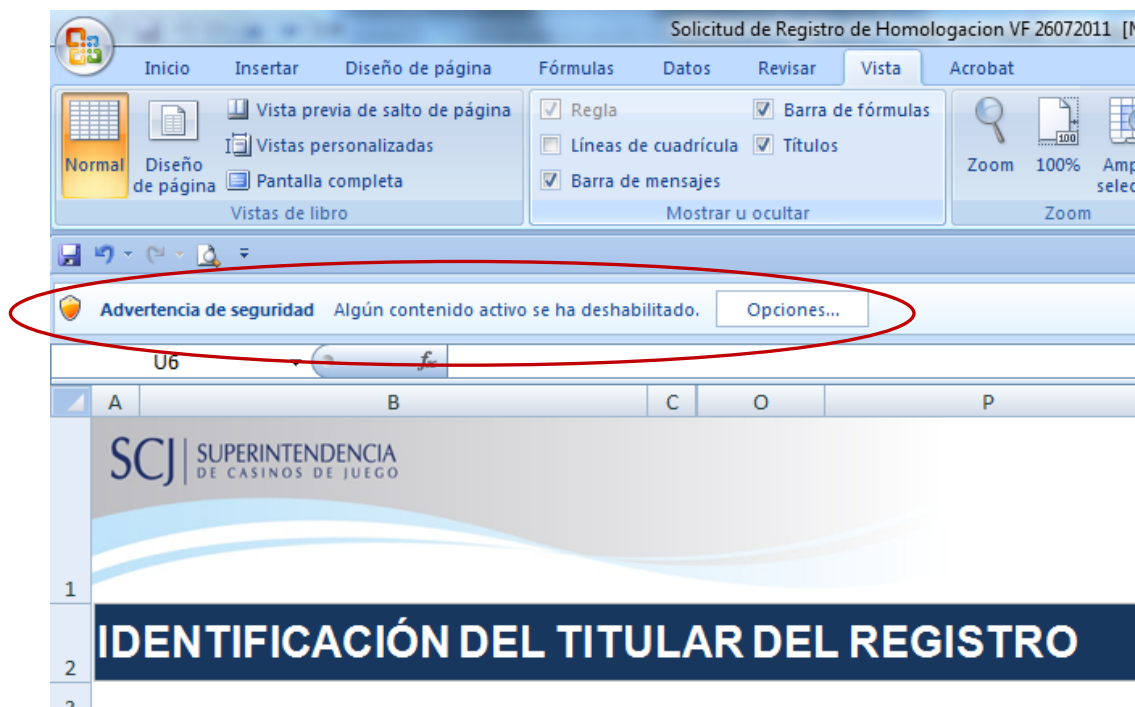


Instructions to Complete the Homologation Request Form

The interested party must download the Homologation Request Form from the Superintendence of Casino's website (SCJ) www.scj.cl and complete the information required **in Spanish**.

Note: To access the Homologation Request Form's functions you must enable the use of macros in you Spread Sheet Software

Example of where to enable the Use of Macros for Microsoft Excel:



a) IDENTIFICATION OF THE REGISTRATION HOLDER: It should identify the natural or legal person in whose name the registration will be carried out.

The following information must be registered. The information required will be determined by the person or company carrying out the registration: Casino operator, manufacturers, importers, marketers, distributors or other interested parties.

REGISTRATION HOLDER	INFORMATION
CASINO OPERATOR	<ul style="list-style-type: none"> Company name and R.U.T.
MANUFACTURER	<ul style="list-style-type: none"> Legal person: Company name and ID number or Tax Payer ID number. Natural Person: Name and last name, ID or Passport number Address (including, city, country and zip code) Contact telephone number (country code + area code + number) Contact email
IMPORTERS, MARKETERS, DISTRIBUTORS OR OTHER INTERESTED PARTIES	<ul style="list-style-type: none"> Legal person: Name or business name and Id number Natural Person: Names and last name, Id or Passport number Address (including, city, country and zip code) Contact telephone number (country code + area code + number) Contact email

b) PETITIONER'S IDENTIFICATION: When the petitioner is the legal representative or attorney of a Legal or natural person, duly authorized, the following information must be provided:

IDENTIFICATION OF THE PETITIONER:
1. Names and last name, ID or Passport number.
2. Indicating if he or she is the legal representative, delegate or an employee of the registration holder. If he or she is an employee, must also indicate the position in the company.
3. Address to where the notifications shall be sent (including city, country and zip code)
4. Contact telephone number (country code + area code + number)
5. Email

c) REQUEST QUALIFICATION: The type of request filled must be indicated in accordance to:

1. NEW REGISTRATION: The petitioner must select "NEW REGISTRATION" when the request refers to a new implement to be included in the Homologation Record.
2. MODIFICATION: The petitioner must select "MODIFICATION" when the request refers to a modification of the registration of an implement that has already been included in the Homologation Record.

d) INFORMATION AND DOCUMENTS: The content of the Homologation Request Form and the documents that must be attached in regards to each implement is indicated in the chart "MENTIONS AND REQUIRED DOCUMENTS":

Note: In relation to each category and game implement, the Homologation Request Form, will outline in grey the fields that must NOT to be filled.

CHART: MENTIONS AND REQUIRED DOCUMENTS

CATEGORY	CODE	IMPLEMENT	MC*	ME**	DOC***
SLOT MACHINES	MM	SLOT MACHINE OR CABINET	1,2,3,4	5, 9,10,11	A
	MMMP	MULTIPOSITION SLOT MACHINE	1,2,3,4	5, 9,10,11	A
	MJ	SLOT MACHINE GAMING SOFTWARE	1,2,3,4	5,6,7,8,9,10,11,13	A
	MJMP	MULTIPOSITION CABINET GAMING SOFTWARE	1,2,3,4	5,6,7,8,9,10,11,13	A
	MJD	DOWNLOADABLE GAMING SOFTWARE	1,2,3,4	5,6,7,8,9,10,11,13	A
	MSP	PROGRESIVE SYSTEM FOR SLOT MACHINES	1,2,3,4	5,9,10,11,13	A
	MSAJD	ADMINISTRATION SYSTEM FOR SERVER SUPPORTED GAME SYSTEM	1,2,3,4	5, 9,10,11	A
DICE	DD	DICE	1,2,3,4	12	B
	DM	DICE TABLE	1,2,3,4	12	C
	DP	DICE CLOTH	1,2,3,4	12	B
ROULETTE	RC	ROULETTE CYLINDER	1,2,3,4	12	D y E
	RM	ROULETTE TABLE	1,2,3,4	12	C
	RP	ROULETTE CLOTH	1,2,3,4	12	B
BINGO	BC	BINGO CARD	1,2,3,4	12	B
	BB	BINGO BALLS	1,2,3,4	12	D y E
	BE	EXTRACTOR	1,2,3,4	12	D y E
CARDS	CB	DECKS	1,2,3,4	12	B
	CM	CARD TABLE	1,2,3,4	12	C
	CP	CARD CLOTH	1,2,3,4	12	B
	CSP	PROGRESSIVE CARD SYSTEM	1,2,3,4	5,9,10,11,13	A
	CV	VARIOUS	1,2,3,4	12	D y E
CHIPS	FV	VALUED CHIPS	1,2,3,4	12	B
	FC	COLORED CHIPS	1,2,3,4	12	B
	FT	TOURNAMENT CHIPS	1,2,3,4	12	B
	FP	ADVERTISING CHIPS	1,2,3,4	12	B
OTHER AUTHORIZED INSTRUMENTS	IA	ADVERTISING CUPONS	1,2,3,4	12	B

(*) MC: Standard Mentions. Standard information that must be filled.

(**) ME: Special Mentions. Special or specific information that must be filled.

(***) DOC: Documents that must be submitted with the Homologation request form.

CHART: STANDARD AND SPECIAL MENTIONS

REQUIERMENT	N°	DETAIL
Standard Mentions (MC)	1	Manufacturer Name
	2	Category
	3	Implement
	4	Implement Name
Special Mentions (ME)	5	Id Number or Id Product
	6	Progressive Name
	7	Does it have a Progressive? (Yes/No)
	8	Multiplayer /Multistation (Yes/No)
	9	Name of Certifier Laboratory
	10	Certificate Identification Code
	11	Jurisdiction of whom the certificate is issued to
	12	Physical Characteristics: <ul style="list-style-type: none"> - Colors - Manufacturing material - Diametre - Weight (in grams) - Denominations (in chilean pesos) - Texture (option N/A) - Dimensions (height, length, width in cms)
	13	Theoretical Payout Percentage (min%-max%)

CHART: DOCUMENTS

DOCUMENTS (DOC)	LETER	DETAIL
	A	Laboratory Certificate
	B	Diagram of graphic design or attach sample
	C	Diagram with dimentions (cms.)
	D	Detail of technical specifications
	E	Compliance certificates or previous Homologations for other jurisdictions
	F	Other records: Detailed by the petitioner.

OTHER DOCUMENTS

In relation to natural or legal persons **requesting a registration for the first time** of an implement at the Homologation Record, must submit the additional following documents:

OTHER DOCUMENTS
<ol style="list-style-type: none"> 1. Documents that accredit that he is a manufacturer, brochure of products and implementations, authorizations, etc. 2. Documents that accredit that he is an importer, distributor, marketer: Distribution contract celebrated with the manufacturer, etc. 3. Documents that accredit that he is the legal representative or delegate of the holder of the record: Authentic document indicating his legal power of representation.

e) PETITIONER'S SIGNATURE: The petitioner must sign the request he or she is filling.