



First-tier Tribunal  
General Regulatory Chamber  
(Gambling)

## Notice of Appeal

This form is for making an appeal / application to the First-tier Tribunal (Gambling) against a decision of the Gambling Commission. The First-tier Tribunal (Gambling) is administered by the Tribunals Service, an executive agency of the Ministry of Justice, and is independent of the Gambling Commission. Please read the guidance "**Guide to completing the Notice of Appeal / Application**" before completing this form.

First-tier Tribunal (Gambling) Team  
Tribunals Operational Support Centre  
PO Box 9300,  
Leicester LE1 6ZX  
Tel: 0845 600 0877,  
Fax: 0116 2494253

Please complete the form legibly, using black ink and capital letters. If you need more space on which to write, please include the name of the person making the appeal and any relevant reference numbers on the paper that you use.

You must enclose the appropriate fee with your application, if you fail to do so your notice of appeal will be returned to you (and if applicable an application for remission and exemption form).

### 1. About the Gambling Commission's Decision.

Gambling Commission Decision reference number

Date of Decision Appealed

### 2. Date of Decision

Date you received the written notification of the decision: or;

Date the decision was published:

### **3. Time Limit for making an appeal / application**

Your completed appeal / application form should reach the First-tier Tribunal (Gambling) Team within 28 days of the date you received written notification of the Gambling Commission's decision or the date the decision was published which ever is earlier. If your appeal is likely to reach the First-tier Tribunal (Gambling) Team after this period you must apply to the First-tier Tribunal (Gambling) Team to extend the time limit for making the appeal below. You must give your reasons below why the appeal is being filed out of time.

## 4. About you

If applicable, Organisation to which you belong and Position in organisation


Title: Miss / Mr / Mrs / Ms / Other

Surname

Forenames

Address & Postcode 

Please provide your full name here, you must be the person who applied for the licence. You may be applying as an individual, or be the nominated contact of a limited company or plc, or a partnership or firm. If a trading name is used, please give also the company or partnership name. If a partnership, please indicate this in the organisation box above. The address should be your normal trading address or postal address where you wish all correspondence to be sent.

Telephone 

Email 

Fax

Please indicate how you would prefer to receive documents:

Post:

Email:

Fax:

## 5. Representative Details

If you have not appointed a representative, but do so at a later date, please ensure that you notify the First-tier Tribunal (Gambling) Team immediately giving the details requested above.

*Please note that all correspondence and documents, including the hearing notification, will be sent to the representative, not direct to you. If a representative ceases to act, you should notify the Tribunal immediately*

**Title:**

**Name:**

**Firm / Organisation:**

**Address:**

**Telephone:**

**Fax:**

**Email:**

**Reference  
No.:**

**Status:**

**e.g Solicitor**

Please indicate how you would prefer to receive documents:

**Post:**

**Email:**

**Fax:**

## 6. Grounds for Appeal / Application

Please provide full details about the grounds for your appeal. Please add additional pages if required

## 7. About Fees and Payments

You must include the appropriate fee with the Notice of appeal form. If you do not provide the appropriate fee, your appeal form will be returned to you. The fee for an appeal to the First-tier Tribunal (Gambling) is set out in the leaflet [Fees for Applying to the First-tier Tribunal \(Gambling\)](#). The method of payment form is located on the last page of this form.

<http://www.gamblingappealtribunal.gov.uk/documents/FeesGuidanceNotes20dec06.pdf>

**Please ensure that you read the fee guidance notes before completing this section.**

If you think you may be entitled to an exemption (no fee) or remission (reduced fee) the leaflet also outlines the steps you must take to apply to the Tribunal. You are required to send the appropriate fee for your appeal with the Notice of appeal form even if you believe you qualify for a reduction or no fee. The Tribunal will decide whether to grant your application.

What fee do you believe you are required to pay?      Full fee       Reduced fee       No fee Exemption

**Please ensure that you attach the correct fee remission or exemption application form**

## 8. About your requirements

If you or your representative have a disability, or have any other special needs that you want taken into account when the First-tier Tribunal (Gambling) Team is organising any hearing of this appeal / application, then please set out the details here.

## 9. Signature

NB: The form must be signed and dated by the applicant or someone authorised to do so. If a non-legal representative is appointed, the applicant must file with this Notice of Appeal / Application for Review a written statement, signed by the applicant, that the representative is authorised to act on their behalf.

I am:–      **The appellant:**       **The Representative of the appellant:**

**Name:**

**Signature:**

**Date:**

Please send (or fax) this completed form with the appropriate fee or evidence of exemption or remission of fee together with a copy of the disputed Gambling Commission decision to:

**First-tier Tribunal (Gambling) Team**  
Arnhem House Support Centre  
PO Box 9300  
Leicester LE1 6ZX  
Email: [GAT@tribunals.gsi.gov.uk](mailto:GAT@tribunals.gsi.gov.uk)

We can help if you need information in a different format (e.g. Braille, large print). We can also provide this form in Welsh if required. If you need any of these services please contact the Tribunal.

This form can also be downloaded from our website: [www.gamblingappealtribunal.gov.uk](http://www.gamblingappealtribunal.gov.uk)

## 10. Method of payment

You should indicate how you are paying the fee. If paying by cheque, you must include it with your Notice of appeal form.

Please indicate if another person or organisation is paying the fee.

Yes

No

If 'Yes' please give the contact details of the person or organisation paying the

Name

Address

Postcode

Telephone

How are you paying the fee?

Cheque

Please your make cheque payable to **The Tribunals Service.**

For Credit / Debit card payments,  
Please contact the tribunal on +44 (0) 845 6000 877