



Application for Tribunal Review

This form is for making an application to the Gambling Appeals Tribunal to review its decision. The Tribunal is part of the Tribunals Service, an executive agency of the Department for Constitutional Affairs.

The Gambling Appeals Tribunal
Tribunals Operational Support Centre
PO Box 6987
Leicester LE1 6ZX

You must make any application to the Tribunal to review its decision immediately after the hearing or within 14 days of the Tribunal's written decision. Your application for review will be referred to a judicial member for consideration. If the Tribunal decides to review its decision then it may set aside its original decision, and either substitute a new decision or order a re-hearing.

Please complete the form legibly, using black ink and capital letters.

Appeal number

1. About the appellant or the company

Organisation

Title

Miss

Mr

Mrs

Ms

Other

Surname

Forenames

Address



Give the full name of the appellant, who must be the person who requires the Tribunal's review. The appellant may be an individual person, a limited company or plc, or a partnership or firm. If a trading name is used, please also give the company or partnership name. If a partnership, please indicate this. The address should be the appellant's normal trading address or postal address. Please notify the Tribunal immediately if the address changes.

Telephone



Email



Nature of business

Position in organisation

2. About the appeal

Type of appeal

Date of Tribunal decision

D	D	M	M	Y	Y	Y	Y
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3. Grounds for review application

If you think the Tribunal has made the wrong decision as a result of an error by Tribunal staff, or if there is new evidence available following the conclusion of the hearing, the existence of which could not have been reasonably known or foreseen, then you can apply to the Tribunal asking it to review its decision.

I believe the Tribunal has made an administrative error

I have new evidence not available at the Tribunal hearing

Please provide further details to support your application in the space provided. If you need more space on which to write, please use separate paper as necessary and include the name of the person making the appeal and the relevant reference numbers on any other paper that you use.

4. Signature

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

I am the appellant authorised to sign this Application on behalf of the appellant the legal representative of the appellant

Name

Position

Signature

Date

D	D	M	M	Y	Y	Y	Y
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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 Gambling Appeals Tribunal on the details at the top of this form.

This form can also be downloaded from our website: www.gamblingappealtribunal.gov.uk

Please post or fax this completed form together with a copy of the disputed Gambling Appeals Tribunal decision to: