



Notice of Appeal

This form is for making an appeal to the Gambling Appeals Tribunal against a decision of the Gambling Commission. The Tribunal is part of the Tribunals Service, an executive agency of the Ministry Of Justice and is independent of the Gambling Commission.

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

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 You

If applicable, Organisation to which you belong

Title

Miss

Mr

Mrs

Ms

Other

Surname

Forenames

Address



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.

Postcode

Telephone



Email



Nature of business

Position in organisation

2. About your representative

If you have already appointed a representative, please give their contact details.

Title	Miss	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
Name	<input type="text"/>									
Company / Organisation	<input type="text"/>									
Address		<input type="text"/>								
		<input type="text"/>								
		<input type="text"/>								
		<input type="text"/>								
		<input type="text"/>								
		<input type="text"/>								
Postcode		<input type="text"/>								
Telephone		<input type="text"/>								
Mobile		<input type="text"/>								
Fax		<input type="text"/>								
Email		<input type="text"/>								
Reference		<input type="text"/>								
Status (e.g. solicitor)		<input type="text"/>								

If a representative is instructed to act, please indicate status (e.g. Solicitor, Barrister, accountant, consultant, etc). Please note that all correspondence and documents including hearing notification will be sent to the representative, not direct to you. Please give details of representative reference number if any. If a representative ceases to act, you should inform the Tribunal immediately.

2a. Representative's declaration to the Gambling Appeals Tribunal

The qualification for acting on behalf of the appellant must be stated.

I am appointed by the appellant to act as his / her representative in this appeal.

Qualification to represent

Signed

Dated

D	D	M	M	Y	Y	Y	Y
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If your representative above is not a legal representative, you the appellant must sign and date the declaration below.

I

authorise

To act as my representative in the appeal.

Signed

Dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

3. About the Decision

Gambling Commission
reference

Date of Decision Appealed

D	D	M	M	Y	Y	Y	Y
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You must give the date of the Gambling Commission Decision and a copy of it must be sent with this appeal form.

4. About the time limits for making an appeal

Date of decision appealed

D	D	M	M	Y	Y	Y	Y
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I / We consider this notice of appeal to be in time
(i.e. within one month of the Gambling Commission's decision)

I / We apply for permission to appeal out of time on the following grounds:

You should tick one box only. Your completed appeal form should reach the Tribunal within one month from the date you receive the Gambling Commission decision. If your appeal is likely to reach the Tribunal after this period you must apply for a direction of the Tribunal extending the time in which you may file your appeal form. You must give your reasons why the appeal is being filed out of time.

5. About the grounds for the appeal

Please provide full details why you consider the Gambling Commission to be wrong.

6. About your requirements

If you consider that you have a disability or any other special need that should be considered when listing your appeal for hearing and during the hearing, please explain:

Please complete with details of any disability or other special need that might affect your appeal.

7. About fees and payment

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 Gambling Appeals Tribunal is set out in the leaflet *Fees for Applying to the Gambling Appeals Tribunal*.

<http://www.gamblingappealstribunal.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
Remission

No fee
Exemption

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

8. Signature

I am the appellant

authorised to sign this notice of appeal 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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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:

Gambling Appeals Tribunal
Arnhem House Support Centre
PO Box 6987
Leicester LE1 6ZX

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 this is required. If you need any of these services please contact the Gambling Appeals Tribunal on the details at the top of the form.

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

9. 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 fee.

Name

Address

Postcode

Telephone

How are you paying the fee?

Cheque

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

Debit card

Valid from

Expires end

Security code

Switch issue number

Credit card

Valid from

Expires end

Security code

I authorise for the above card to be debited