

**APPLICATION BY CASINO LICENCE HOLDER TO HAVE GAMBLING COMMISSION
SPECIFY, VARY OR REVOKE CONDITION(S) OF A CASINO LICENCE UNDER
SECTION 139(1)(d) OF THE GAMBLING ACT 2003**

1. Name of casino licence holder:
2. Casino licence holder's postal address:
3. Casino licence holder's contact phone number, fax and email:
4. Description of casino licence in respect of which this application is made:
5. Details of proposed changes sought to the casino licence condition(s):
6. Reasons for request for proposed changes to the casino licence condition(s):
7. Name and contact details of any persons who might be affected by the requested change to the Casino Licence conditions:
8. Please submit with this application a:
 - (a) cheque for \$1,022.22 made payable to the Gambling Commission;
 - (b) copy of the relevant existing casino licence conditions.

Date: _____

Signature: _____

Name of Signatory: _____

Designation of Signatory: _____