

**REQUEST BY SECRETARY TO SPECIFY, VARY OR REVOKE CONDITION(S) OF A
CASINO LICENCE UNDER SECTION 139(1)(e) OF THE GAMBLING ACT 2003**

1. Description of casino licence in respect of which this application is made:
2. Name of casino licence holder:
3. Casino licence holder's postal address:
4. Casino licence holder's contact phone number, fax and email:
5. Details of proposed changes to the casino licence's condition(s):
6. Reasons for request for changes to the casino licence condition(s):
7. Name and contact details of any persons, other than the casino licence holder, who might be affected by the requested change to the casino licence conditions:
8. Please attach a copy of the relevant existing casino licence conditions.

Date: _____

Signed by or on behalf of the Secretary: _____

Name of Signatory: _____

Designation of Signatory: _____