

**NOTICE OF APPEAL AGAINST A DECISION BY THE SECRETARY FOR THE
DEPARTMENT OF INTERNAL AFFAIRS**

1. Appellant's Name:
2. Appellant's Postal Address:
3. Appellant's Contact Phone Number:
4. Facsimile Number:
5. Email Address:
6. Description of decision in respect of which this appeal is made:
7. Date of notice of the decision:
8. Grounds on which decision is challenged:
9. Section of Gambling Act 2003 pursuant to which appeal is lodged:
10. Counsel's name and contact details, if appellant is to be represented by Counsel:
11. Please submit with this notice of appeal a cheque for \$255.55 made payable to the Gambling Commission.

Date: _____

Signature: _____

Name of Signatory: _____

Designation of Signatory: _____