

**NOTICE OF APPEAL AGAINST A DECISION BY THE SECRETARY OF 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 enclose with this notice of appeal a cheque for \$250 made payable to the Gambling Commission

Date: _____

Signature: _____

Name of Signatory: _____

Designation of Signatory: _____