

**APPLICATION FOR EXTENSION OF FILING TIME FOR NOTICE OF APPEAL**

This form is to be used by persons who seek an extension of the time limit for filing a notice of appeal under section 143 of the Gambling Act 2003 from a decision of the Secretary of Internal Affairs.

1. Applicant's Name:
2. Applicant's Postal Address:
  
3. Applicant's Contact Phone Number:
4. Facsimile Number:
5. Email Address:
6. Date of notice of decision which applicant seeks to appeal:
7. Date notice of appeal is due to be filed:
8. Reasons for application to extend time:
9. Proposed date for filing of notice of appeal:
10. Counsel's name and contact details, if applicant is to be represented by Counsel:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

Designation of Signatory: \_\_\_\_\_