

**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. Email Address:
  
5. Description of decision in respect of which this appeal is made:
  
6. Date of notice of the decision:
  
7. Grounds on which decision is challenged:
  
8. Section of Gambling Act 2003 pursuant to which appeal is lodged:
  
9. Counsel's name and contact details, if appellant is to be represented by Counsel:
  
10. A fee of \$255.55 is due for this appeal. Please make payment by direct debit as follows:

Bank: Westpac Banking Corporation  
Branch: NZ Government  
Account no: 03-0049-0002007-00

In order that the fee is directed to the correct location, once payment is made please email confirmation to [info@gamblingcom.govt.nz](mailto:info@gamblingcom.govt.nz)

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

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

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

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