

RESTRICTED

**APPEAL FORM**

**Note:**

- 1) All fields are to be filled up and where not applicable, the person is to indicate **N/A** within the field or cross out the field.
- 2) If the space provided for the details of the appeal is not sufficient, please use additional pages and attach them to the form.
- 3) The Appeal, and all supporting documents, if any, shall be made in writing and not later than 28 days after GRA's decision of the request for review, and forwarded to:

Gambling Regulatory Authority of Singapore  
460 Alexandra Road mTower #12-01  
Singapore 119963  
Attention: EOAC Secretary

- 4) This form can also be faxed to +65-6273-0917 or a PDF copy of the completed form can be sent via electronic mail to [eoac@gra.gov.sg](mailto:eoac@gra.gov.sg). Alternatively, the form can be submitted to the Reception Counter at the Gambling Regulatory Authority.

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PERSONAL INFORMATION				
Full Name (BLOCK LETTERS): <u>Underline</u> Surname		Mr/Ms/Mrs/Mdm/Dr (Please circle accordingly)		
If married, please state maiden name:				
NRIC/Passport/Fin Number:	Citizenship:	Citizenship Certificate Number:	Date of Issue: (YYYY/MM/DD)	
Home Address				
Block/House Number:	Street	Level	Unit Number	Postal Code
Contact Details				
Home:	Mobile:	Office:	Fax:	Email:

Please provide the following information on the "Request for Review" decision that you want to appeal against.	
Date of Request for Review:	Case Number:

**INFORMATION ABOUT THE APPEAL**

Please state clearly  
your appeal and the  
grounds/reasons for  
the appeal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date