

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
2 Crawford Street
#08-01
ICA Services Centre
Singapore 207218
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. Alternatively, the form can be submitted to the Reception Counter at the Gambling Regulatory Authority.

RESTRICTED

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	
<p>Please state clearly your appeal and the grounds/reasons for the appeal</p>	
<div><div>_____</div><div>Signature</div><div>_____</div><div>Date</div></div>	