

**REQUEST FOR REVIEW 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 request for review is not sufficient, please use additional pages and attach them to the form.
- 3) The Request for Review, and all supporting documents, if any, shall be made in writing and not later than 28 days after the date of GRA's decision, 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.

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	Date of Issue: Number: (YYYY/MM/DD)	
Home Address				
Block/House Number:	Street	Level	Unit Number	Postal Code
Contact Details				
Home:	Mobile:	Office:	Fax:	Email:

**REQUEST FOR REVIEW**

Reasons for Request  
for Review

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date