



APPEAL FORM
(CASINO OPERATOR)

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 dispute is not sufficient, please use additional pages and attach them to the form.
- 3) The Appeal Form, and all supporting documents, if any, shall be made in writing and not later than 30 days after the date of the decision of the Patron Dispute Committee, and submitted to:

*Casino Regulatory Authority of Singapore
460 Alexandra Road mTower #12-01
Singapore 119963
Attention: Patron Dispute Committee Secretariat*

- 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 feedback@cra.gov.sg. Alternatively, the form can be submitted to the Reception Counter at the Casino Regulatory Authority.
- 5) Each party shall bear his/her own costs and expenses incurred as a result of or in relation to the Appeal.

GENERAL INFORMATION

Name of Casino Operator:		Casino License Number:	
Full Name of Casino Employee making this request (BLOCK LETTERS): <u>(Underline Surname)</u>		Mr/Ms/Mrs/Mdm/Dr (Please circle accordingly)	
Department:	Designation:	Employee License Number:	Date of Issue: (YYYY/MM/DD)
Contact Details			
Mobile:	Office:	Fax:	Office Email:

PARTICULARS OF EMPLOYEES INVOLVED

Name	Designation	Employee License Number

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INFORMATION ABOUT THE APPEAL

Name of Casino Operator Involved:	Date of Dispute:	Time of Dispute:	Name of Game:	Dispute Amount:
<p>Facts of the Dispute:</p> <p>(Describe the date and time of the dispute, the parties involved in the dispute, the circumstances which led to the dispute, any action taken by the casino operator to resolve the dispute and other relevant information in as much detail as possible.)</p>				
Did you request for the Patron Dispute Committee to reconsider the decision of				

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<p>the Inspector of Casino Regulatory Authority of Singapore?</p>	<p>Yes /No</p>
<p>If yes, please indicate the following:</p>	
<p>Date of Request for Reconsideration:</p>	<p>Reconsideration case reference number:</p>
<p>Please state clearly your appeal and the grounds/reasons for the appeal:</p>	
<p>_____</p> <p>Signature _____</p> <p>Date</p>	

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