

CONFIDENTIAL

REQUEST FOR RECONSIDERATION
(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 Request for Reconsideration, and all supporting documents, if any, shall be made in writing and not later than 30 days after the date of the decision of an Inspector of Casino Regulatory Authority of Singapore, and forwarded to:

Casino Regulatory Authority of Singapore
460 Alexandra Road PSA Building #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 cra_ops@cra.gov.sg. Alternatively, the form can be submitted to the Reception Counter at the Casino Regulatory Authority of Singapore.
- 5) Each party before the Patron Dispute Committee shall bear his/her own costs and expenses incurred as a result of or in relation to the proceedings.
- 6) Any party who wishes to be heard in person before the Patron Dispute Committee shall inform the Patron Dispute Committee Secretariat accordingly. If the party is unable to attend the proceeding, he/she shall inform the Patron Dispute Committee Secretariat not later than three (3) working days before the date of the proceeding. The party may request for a rescheduling of the proceeding if good and valid reasons are given to the satisfaction of the PDC. Otherwise, the Patron Dispute Committee shall reconsider the case based on written documents only.
- 7) All proceedings will be conducted in English.
- 8) Unless otherwise agreed by the PDC, a maximum of two (2) witnesses may be called by either party.

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| GENERAL INFORMATION | | | | |
|--|--------------|---|----------------|---------------|
| Name of Casino Operator: | | Casino License Number: | | |
| Full Name of Casino Employee making this request (BLOCK LETTERS): (<u>Underline</u> Surname) | | Mr/Ms/Mrs/Mdm/Dr (Please delete accordingly) | | |
| Department: | Designation: | Employee License Number: | Date of Issue: | |
| Contact Details | | | | |
| Mobile: | | Office: | Fax: | Office Email: |
| PARTICULARS OF EMPLOYEES INVOLVED | | | | |
| Name | Designation | Employee License Number | | |
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| REQUEST FOR RECONSIDERATION | | | | |
|---|--|------------------|---------------|-----------------|
| Name of Patron 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> | | | | |
| <p>Name of Inspector of Casino Regulatory Authority of Singapore who attended the case</p> | <p>Inspector did/did not order payment to patron (please delete accordingly)</p> | | | |
| <p>Reasons for Reconsideration:</p> | | | | |
| <p>Do you wish to be heard <u>orally</u> before the Patron Dispute Committee? Yes/ No</p> | | | | |

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| (please delete accordingly) | |
| Do you require an interpreter at the proceeding? If yes, please indicate preferred language. | |
| Do you wish to call any witness? Yes/No (please delete accordingly) | |
| Name of Witness 1: | NRIC/Passport/Fin Number of Witness 1: |
| Contact Details of Witness 1: | |
| Contact Number: | Email address: |
| Reasons to call Witness 1: | |
| Name of Witness 2: | NRIC/Passport/Fin Number of Witness 2: |
| Contact Details of Witness 2: | |
| Contact Number: | Email address: |
| Reasons to call Witness 2: | |
| | |
| _____ | _____ |
| Name/Signature | Date (DD/MM/YY) |