



<b>OFFICIAL USE ONLY</b>
<b>CASE NO:</b>
<b>LO:</b>

**REQUEST FORM FOR REVIEW OF DECISION ON AN APPLICATION FOR A  
SPECIAL EMPLOYEE LICENCE**

**SECTION A – PERSONAL INFORMATION**

<b>DATE:</b>	
<b>NAME:</b>	
<b>NRIC/FIN:</b>	
<b>APPLICATION NO:</b>	
<b>ADDRESS:</b>	
<b>CONTACT NO:</b>	
<b>CASINO OPERATOR:</b>	RESORTS WORLD PTE. LTD. / MARINA BAY SANDS PTE. LTD.*
<b>POSITION/DEPARTMENT:</b>	

\*Delete where applicable

**SECTION B – DETAILS OF REQUEST**

(Please provide details of your request and specify the reason or reasons why the Casino Regulatory Authority of Singapore ("the Authority") should review your application.)

**SECTION C – DECLARATION BY APPELLANT**

I declare that the information as set out in this Request Form for Review of Decision on an Application for a Special Employee Licence is true and correct. I understand that any person who knowingly or recklessly provides information to the Authority which is false or misleading in a material particular may be prosecuted under Section 178 of the Casino Control Act, and would be liable on conviction to a fine of up to S\$50,000 or imprisonment of up to 2 years or both.

FULL NAME: \_\_\_\_\_

NRIC/FIN NO: \_\_\_\_\_

SIGNATURE/DATE