

| GAMBLING ACT 2005 Lottery Return by Promoting Society Relating to Schedule 11, Part 5 of the Act To: Licensing, Civic Centre, Castle Hill Avenue, Folkestone, Kent CT20 2QY | | | | |
|---|-------------|---------------|---|--|
| (To be completed in Block Capitals) | | | | |
| SOCIETY DETAILS | | | | |
| Name of Society: | | | | |
| Contact Name: | Contact F | Phone No | | |
| Lottery Registration Number: | | | | |
| LOTTERY DETAILS | | | | |
| Date tickets were available for sale: | | Date of draw: | | |
| Arrangements for prizes and any rollover: _ | | | | |
| STATEMENT OF MONIES FOR THE ABO | OVE LOTTERY | | | |
| The whole proceeds of the lottery amounte | ed to | | £ | |
| The sum deducted for expenses amounted to | | £ | | |
| The sum used for the provision of prizes amounted to | | | £ | |
| The sum remaining amounted to | | £ | | |
| And was used for the following purposes: | | | | |
| | | | £ | |
| | | | £ | |
| | | | £ | |

DECLARATION

We, being two members of the said society and persons of full age who have been appointed in writing by the governing body of the said society to certify the returns relating to lotteries conducted for the benefit of the said society, HEREBY CERTIFY that to the best of our knowledge and belief, the information contained in this return is in all respects, correct.

| NAME | SIGNATURE |
|-----------|-----------|
| | |
| NAME | SIGNATURE |
| CHECKLIST | |

Proceeds and expenses of lottery have been completed Lottery registration number has been completed Form signed by 2 members of the said authority who have been appointed in writing

A copy of the written appointment for the 2 signing members is enclosed