GAMBLING REGULATORY AUTHORITY

APPLICATION FOR LICENCE TO CONDUCT A LOTTERY

S/N				
PART A (to be completed by the applicant)				
1.	**APPLICANT DETAILS**			
1.1	**Name of Applicant**			
1.2	**NIC or BRN Number**			
1.3	**Address**			
1.4	**Contact Person**			
1.4A	**Address**			
1.4B	**Telephone. No**		**Fax No.**	
1.4C	**E-Mail Address**			
2.	**PURPOSE** *(*Specify purpose for which the lottery is organised)*			
3.	**PRODUCTS** *(*Specify product for which the lottery is organised)*			

12th Floor, Newton Tower, Sir William Newton Street, Port Louis, Mauritius
Telephone No. (230) 260 2000 *Fax no. (230) 213 1205*
Email: gra.admin@intnet.mu *Website: http://gra.govmu.org*

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4.	METHOD OF ORGANISATION

(Full details for distribution of lottery tickets/scratch cards/Coupons)
**Please attach list of exchange points, if applicable*

5.	TERMS AND CONDITIONS OF PARTICIPATION INCLUDING COST OF SMS (IF APPLICABLE)

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6.	**LOTTERY TICKETS/ SCRATCH CARDS/ COUPONS**	
** Attach specimen lottery ticket/ Scratch card/ Coupon* ** Do not print lottery tickets/ Scratch cards/ Coupons until the application is approved.*		
6.1	**Number of lottery tickets/ Scratch Cards/ Coupons to be printed**	
6.2	**Starting Serial No**	
6.3	**Ending Serial No** *(if applicable)*	
7.	**DURATION OF COMPETITION**	
7.1	**Starting Date**	
7.2	**Closing Date**	
7.3	**Date & Time of draw**	
8.	**PLACE OF DRAW(S)**	
8.1	**LOCATION(S)**	

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9.	PRIZES
** Attach quotations (Market value, including VAT, should be quoted).* ** Include brand names, model and any condition that apply to the prizes.* ** In case of motor vehicles and motorcycles/autocycles you will be required to bear the costs of one year comprehensive insurance, registration duty and any other road charges.*	

LIST OF PRIZES	MARKET VALUE (Rs)
(Continue on separate sheet if applicable)* **TOTAL VALUE OF PRIZES	

11.	MODE OF PAYMENT	
	**Please tick as applicable*	
Cash		
Cheque (Name of Account Holder:)		

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12.	APPLICANT'S SIGNATURE

I, ……
(Name)
……
(Capacity for Corporate Applicant)
acting on behalf of……
(Name of company, if applicable)
apply for licence to organise a lottery.

I hereby declare that the information given above and in the attached sheet(s) are true and correct.

…… ……
Authorised Signature/Signature Date

NB. The application form to be submitted at least one month prior to the proposed starting date of the lottery. Incomplete application will not be considered.

Please forward your completed application with supporting documentation to: -
The Chief Executive
Gambling Regulatory Authority
Level 12, Newton Tower
Sir William Newton Street
Port Louis

PART C (to be completed by the GRA Cashier Office)	
Processed by:	**Title of the Officer:**
Signature:	**Date: / /**

PART D (to be completed by the GRA Licensing Unit)	
Licence Number Issued	
Licence Issued Date	
Licence Validity Period	

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