

TO: STAFFORD BOROUGH COUNCIL

GAMBLING ACT 2005

NOTICE OF AUTHORISED SIGNATORIES

NAME OF SOCIETY

We, the undersigned being members of the governing body of the above named Society
hereby authorise:-

NAME IN CAPS

(1) Mr/Mrs/Miss/Other *Signature) Not to
Address) include
Day Time Tel. No.) Promoter

NAME IN CAPS

(2) Mr/Mrs/Miss/Other *Signature) Not to
Address) include
Day Time Tel. No.) Promoter

being members of the Society and persons of full age, to certify the returns made by the Promoter.

Dated this day of 20

Signatories of 2 members **OTHER** than those named above

Signed* NAME IN CAPS

Signed* NAME IN CAPS

***Please note - 4 different names must be inserted in these spaces.**

TO: STAFFORD BOROUGH COUNCIL

GAMBLING ACT 2005

NOTICE OF PROMOTER

Note:- The promoter must be the person responsible for the day to day management of the Lottery and not just an official of the Society who has no involvement with the running of the Lottery.

NAME OF SOCIETY: _____

We, the undersigned, being members of the governing body of the above named Society hereby authorise:-

BLOCK LETTERS *NAME MR/MRS/MISS/OTHER _____

ADDRESS _____

CONTACT NUMBER _____

Being a member of the Society to act as PROMOTER of Lotteries on behalf of the above Society.

Dated this _____ day of _____ 20

Signatures of 2 members other than the above named

Signed _____ *NAME IN CAPS _____

Day Time Tel No _____

Signed _____ *NAME IN CAPS _____

Day Time Tel No _____

* Please note - 3 different names must be inserted in these spaces