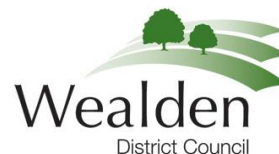


Return relating to a Small Society Lottery Gambling Act 2005 – Schedule 11, Part 4



Please return this form to: **Licensing Team, Rother District Council, Town Hall, Bexhill on Sea, East Sussex TN39 3JX** or scan and email to licensing@rother.gov.uk

The following information is required by Schedule 11, Part 4, Para 39(2) of the Gambling Act 2005. This statement must be submitted **no later than three months** beginning on the day on which the draw (or last draw) in the lottery took place. It must be signed by two members of the Society appointed in writing for that purpose by the Society, or its governing body if applicable, and accompanied by a copy of that appointment. All signatories must be over the age of 18 years.

We, being duly appointed members of the Society in compliance with the requirements of Schedule 11, Part 4, Para 39(4), hereby submit the following statutory return:

Name of Society:	
Licensing Authority issued Registration number of Society:	
Arrangements for the lottery, this includes the dates on which tickets were available for sale or supply, the dates of any draw and the arrangements for prizes, including any rollover. Please include in this box reference to any donated prizes:	
Proceeds of the Lottery:	
Amounts deducted by the promoters of the lottery in respect of the provision of prizes (including the provision of any prizes in accordance with any rollover):	
Amounts deducted by the promoters of the lottery in respect of other costs incurred in organising the lottery:	
Any amount applied to a purpose for which the promoting Society is conducted:	
Whether any expenses in connection with the lottery were paid otherwise than by deduction from proceeds, and, if they were – (i) the amount of the expenses, and (ii) the sources from which they were paid	

...../continued

Signatures

Please note this return is only valid if it signed by two members of the Society appointed in accordance with the above requirements.

Signed:

Print Name:

Capacity:

Dated:

Signed:

Print Name:

Capacity:

Dated:

For Office Use Only:

Return form checked by the following Officer and found to be satisfactory / unsatisfactory.

Signed:

Print Name:

Capacity:

Dated: