



## **Jersey Gambling Commission**

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### **GAMBLING (JERSEY) LAW 2012**

### **FINANCIAL REGULATORY RETURN FOR CHARITABLE AND SOCIAL GAMBLING**

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Notes:

This form should be used when requested by the Commission to make a financial regulatory return.

If a question is not applicable write 'N/A' or other suitable text. Do not leave questions unanswered.

Please complete in **BLOCK CAPITALS** and in black ink and then return this completed form to:



The Jersey Gambling Commission, 4<sup>th</sup> Floor, Osprey House,  
5-7 Old Street, St. Helier, JE2 3RG

Registration/Permit Number:

Society/Organisation Name

Society Address:

Promoter Name:

Promoter Mobile Number:

Promoter Email:

Event Type:  
(lottery/bingo)

Event Date:

Total Sales:  
(Tickets/entry fees)

Total Expenses:

Total Net:

**Lottery Event Details**

Number of Tickets Printed	Number of Tickets Sold	Number of Tickets Unsold (if any)	Ticket Price (£)	Number of tickets entered into the draw
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Provide Prize Structure Details**

Which Prize	Prize Details	Prize Value	Prize Donated: Y/N. By whom.
1 <sup>st</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <sup>rd</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Lottery Event Details (cont.)**

**Provide Winner(s) Details**

Name:	Contact Number:	Which Prize Won:	Prize Claimed	Stubs Collected

Please complete in BLOCK CAPITALS and in black

Documentation



If the draw is covered by insurance, please provide details of the insurance company (name and address) and policy number(s):

Provide details of the location and how the prizes were awarded:

Provide details of people presiding at the draw including any auditor or independent scrutineer.

Please provide any information or comments received from your auditor.

**Please use this page to include details of any other events held.**

Details should include:

- What type of gambling took place
- The venue and date
- Total monies raised
- Total value of the prize fund
- The total amount of monies retained by the charity or society *i.e. Total monies raised less cost of prizes.*



**Declaration**

The Jersey Gambling Commission must be informed and take account of any changes to the information they have been provided with regarding the Permit and any attached conditions.

I \_\_\_\_\_, declare that to the best of my knowledge, I have complied with all of the conditions attached to my Permit or Registration and that nothing has occurred which I would reasonably expect to inform the Commission about.

I further declare that I will inform the Commission immediately should any information come into my possession that materially changes this declaration.

I declare that the information contained in this Regulatory Return is true and accurate to the best of my knowledge. If any of the information I supplied to the Commission is discovered to be deliberately false or misleading, I may be liable to criminal prosecution.

Signature:

Name (*print*):

Date:

This return together with any attachments should be forwarded to the Commission at the address below:

Jersey Gambling Commission,  
4<sup>th</sup> Floor, Osprey House,  
5-7 Old Street,  
St. Helier,  
Jersey  
JE2 3RG

**Please continue on this page if necessary.**