



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012

FINANCIAL REGULATORY RETURN FOR CHARITABLE AND SOCIAL GAMBLING

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.

Data Protection

The completion of a regulatory return is a condition under the published policy for this type of registration or permit.

All policies are published by the Commission in accordance with Article 9 of the Gambling (Jersey) Law 2012.

As described on the relevant application forms, the Commission requires data regarding applicants (including lead executives and beneficiaries, where necessary) and prize winners for the purposes set out in the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. Provision of information relating to gambling activity is a mandatory condition, applicable to all licensees, under Article 17 of the Gambling (Jersey) Law 2012. As a competent authority listed in Schedule 1 of the Data Protection (Jersey) Law 2018, the Commission will primarily collect and process data and special category data where necessary for the exercise of its public functions.

In accordance with the Commission's Retention Policy, data collected on Regulatory Returns will be retained for 5 years following the expiration of the registration or permit.

The Commission's Data Protection Notice is available on the website at the following link - <https://www.jgc.je/data-protection>. Please read it carefully.

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

The Jersey Gambling Commission, 4th 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 st	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 rd	<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"/>



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 additional events

Details should include:

Type of Gambling Event (include the venue and date)

Total monies raised

Total value of prize fund

The total amount of monies retained by the charity or society *i.e. Total monies raised less cost of prizes.*

Please complete in BLOCK CAPITALS and in black ink



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,
4th Floor, Osprey House,
5-7 Old Street,
St. Helier,
Jersey
JE2 3RG