



ABN 13 567 691 159

RACE AND SPORTS BOOKMAKING ACT 2001

BETTING DISPUTE

REFERRAL OF DISPUTED BET TO COMMISSION

TO:

ACT Gambling and Racing Commission
PO Box 214
CIVIC SQUARE ACT 2608
Attn: Compliance and Investigations

Telephone: (02) 620 70359 Facsimile: (02) 620 77372

FROM:

Name:.....

Address:.....

.....

Account Number:

Telephone: (.) Facsimile: (.)

Signature:

Date:

DETAILS OF SPORTS BET

Name of Bookmaker:

Date of Event:

Details of Bet:

Amount of Bet:

Applicable Odds:

Time bet was made:

In accordance with the provisions of the Race and Sports Bookmaking Act 2001 this form is to be provided to the Commission within 28 days after the completion of the relevant sports betting event.

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DETAILS OF THE DISPUTED BET: (e.g. other bets made at the same time as the disputed bet; basis of dispute)

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