

GAMBLING ACT 2005

In accordance with the provisions of the above Act, I confirm that:

MR/MRS/MISS (1)

of (2)

.....

.....

and

MR/MRS/MISS (1)

of (2)

.....

.....

being persons of full age, have been appointed by the governing body of the:

(3)

to certify any financial return which may be submitted to the North West Leicestershire District Council in accordance with the Act.

Signed:

Designation:

Date:

Notes:

(1) Please state full name

(2) Please state home address

(3) Please state full name of registered Society