



CASINO MONTHLY RETURN FORM

CASINO (CONTROL) ACT NO. 6 OF 1993.

CASINO CONTROL (AMENDMENT) ACT No. 4 of 2001.

1. Name of Hotel/Club:

2. Name of Gaming Licensee:

3. Address: _____ Telephone: _____

4. Name and Status of person making this Return: _____
Owner/Gaming Licensee/Manager)

5. Return for the Month Ended _____

6. Gross Profit derived from the Casino: _____

7. Amount of Duty Payable (15%): _____

8. Total Amount Payable _____

I hereby certify that to the best of my knowledge and belief, the information and particulars shown on this return are correct and the amount of gross profit (as defined by section 5 (3) of the above Act) is in accordance with the books, records and accounts of Hotel/Club.

Signature

Date

ATTENTION: Is drawn to Section 9 (1A) of the above Act which provides for Severe penalties for false Statements, false entries, commissions and Other attempts at evasion of gaming duty