



**GAMBLING ACT 2005 LOTTERY RETURN FORM - SCHEDULE 11, PARAGRAPH 39**

Name of Society		Registration Number										
ADDRESS OF SOCIETY												
A		B	C		D		E		F		G (*)	
Date Lottery Tickets available		Date of Lottery Draw	Total Proceeds of Lottery		Amount of proceeds of lottery appropriated on expenses		Amount of expenses other than out of proceeds of the lottery		Amount of proceeds of lottery appropriated on prizes		Total of proceeds of lottery applied to purposes of the Society.	
From	To	(Indicate if rollover)	£	P	£	P	£	P	£	P	£	P
Name of Promoter					Signed (Promoter)							
Date												

We the undersigned, being two members of the said Society, being persons of full age, appointed in writing by the governing body of the Society to certify returns relating to lotteries conducted for the benefit of the said Society, HEREBY CERTIFY that, to the best of our knowledge and belief, the information contained in this return is, in all respects, correct.

Certified by (1)(Enter Full Name) ..... Signed..... Date.....

Certified by (2)(Enter Full Name) ..... Signed..... Date.....

Notes G (\*) This figure is obtained by subtracting columns D, E and F from Column C.