



Gambling and Gaming Application Form

What is this Application for?

- This application form is for customers to bring a claim against a gambling or gaming company.
- The application form will ask you for the details needed to help the adjudicator understand what you would like the company to do and how to decide your dispute

What do I need to do?

- Read the Guidance for Customers and Scheme Rules on the CEDR website. If you are unsure of how to answer a question please contact CEDR for guidance
- Fill in the application form giving as much information as you can
- It may take you some time to go through the application form and get all your evidence together, but having all the information will help CEDR assess your case fairly.

You must have already complained to the company and given them time to address your concerns before referring the matter to CEDR.

Please let us know if you have any practical needs where we could help – for example with information in another format (e.g. larger print etc.) or in another language. If you require assistance in completing this form please contact CEDR:

By telephone: 020 7520 3817 **By email:** applications@cedr.com
Visit the **website** www.cedr.com/consumer

CEDR opening hours: 9:00am to 5:00pm, Monday to Friday

1. About you

Please give us your details.

Full name:

Street Address:

Town:

County:

Postcode:

Tel:

Email:

If you provide an e-mail address we will normally send you information by e-mail only



2. Are you represented by somebody else?

If someone is applying on your behalf, please provide their details here and sign the declaration.

Full name:

Organisation:

Street Address:

Town:

County:

Postcode:

Tel:

E-mail address:

To be signed by the customer

I hereby give my authority for the above named person to represent me:

Signature:

Print name:

Date:

3. Company details

Please provide the following details about the gambling or gaming company you are in dispute with.

Company name:

Account name:

Your account number:

**PLEASE ENSURE THAT YOU SAVE THIS DOCUMENT ON YOUR
COMPUTER BEFORE SUBMITTING**



4. Raising your concerns

What type of transaction does your complaint relate to?

Gambling

Gaming

Other (please specify below)

Date you first complained to the company:

Complaint reference number (if known):

Date you received a letter from the company entitled 'Final Response' (if received):

5. Your complaint

Please tell us what your complaint is about and why you are unhappy with the company. This information will be sent to the adjudicator assigned to your case so it is important that you provide clear information about the issues you have experienced. Please use additional sheets and attach them to the back of your application if required.

Please send us any documents that support your claim such as your correspondence with the company and receipts for anything that you have purchased.

You may submit any evidence you wish.

You may wish to include:

- Bills and / or statements
- Correspondence to and from the company
- Photographs and videos
- Receipts
- Recordings (audio)

PLEASE ENSURE THAT YOU SAVE THIS DOCUMENT ON YOUR COMPUTER BEFORE SUBMITTING



Better conflicts, Better outcomes, Better world

5.1 Transaction Description

Please tell us what transaction or transactions this dispute relates to:

5.2 Issues in Dispute

Please explain the nature of the issues that have led to this dispute:



6. What compensation are you requesting?

You must specify the total amount claimed in this section. There is no limit to the amount you can claim but the adjudicator can only direct the company to pay proven claims up to £10,000. All claims in excess of £10,000 are subject to a non-binding recommendation that both the customer and the company must voluntarily agree to accept before it becomes binding.

You must provide evidence to justify the amount claimed and you cannot change the amount at a later date. If the adjudicator issues a direction or recommendation in your favour, they could direct or recommend any amount of money up to the total amount you have claimed. Please read the Scheme Rules for a full explanation of the adjudicator's powers.

Item

Amount Claimed (£)

Please continue on a separate sheet if required but ensure that the total amount you are claiming is completed in the next box below.

Total Claimed:

**PLEASE ENSURE THAT YOU SAVE THIS DOCUMENT ON YOUR
COMPUTER BEFORE SUBMITTING**



7. Declarations

Data Protection Act

By signing this application you are providing your consent for the company to provide information and documentation about you to CEDR. Please read these declarations and tick all the boxes to confirm you understand them before signing this form.

I have tried to resolve this matter through the company's complaints procedure.

I am applying to CEDR to appoint an adjudicator to settle my dispute in accordance with the Scheme Rules.

I have read and understood the guidance provided in this application form and on the CEDR website.

I have not previously referred this dispute to a court of law.

Signature:

Print name:

Date:

How did you first hear about CEDR?

The company Citizens Advice Gambling Commission Money Saving Expert

Twitter

Other (please specify):

Submitting your application

Now please submit your application and supporting evidence to us:

By post:

Centre for Effective Dispute Resolution
Gambling and Gaming Adjudication
100 St. Paul's Churchyard
London EC4M 8BU

By email: applications@cedr.com