

# LOTTERY LICENSING POLICY

## SCHEDULE "1"

For Internal Use Only

To the Statement of

(Insert Name of Organization)

(Contact)

Address

City/Town of Markham

Province

Postal Code

Telephone Number

Dated this

day of

2002

### LOTTERY TRUST ACCOUNT INFORMATION

Banking Institution:

Branch Location:

Account Number:

Full Name and Home Address of all authorized signing officers for the Lottery Trust Account (please specify if cheques or withdrawals may be made by any or each officer alone, or if some combination of signature is required for each or any person listed):

NAME	HOME ADDRESS	SIGNATURE	ACCOUNT PRIVILEGES
			Cheque Withdrawal
			Cheque Withdrawal
			Cheque Withdrawal
			Cheque Withdrawal
			Cheque Withdrawal
			Cheque Withdrawal
			Cheque Withdrawal

**Please Note** - This information is requested as stated in the Terms and Conditions as set out by the Ministry of Consumer and Business Services, Gaming Control Commission and is not a matter of public record.