



Annex No. _____

to control according to § 58a paragraph 4 of low the gambling

Task number: (will be filled in by testing laboratory)

Serial No.	Program type (SW)	Serial number	Certificate number	Competent Tax Office *	Name of operations	Address in full (street, town)	Notes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

* Please, you sort them according to the Tax Office!

At Date

.....
Name in full

.....
Stamp, signature