Department of Customs and Inland Revenue

Taxpayer Services

Private Mail Bag 9012, Port Vila, Vanuatu Telephone: (678) 33090 / 33091 or VoIP 2317

Email: irtps@vanuatu.gov.vu

Website: https://customsinlandrevenue.gov.vu



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 section5 (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