Application Form

FORM 3

APPLICATION FOR REGISTRATION OF LOTTERY AGENT

Name of Applicant: .....

Name of Legal Entity:.....

Street Address of Legal Entity:

.....

Tele No.:..... Fax No.:.....

Email:.....

..... (Applicant's name) of ..... (Legal entity), with assistance of NUR Legal OÜ hereby applies for the Registration of (Name of Agent) of .....(Address).....