

# Application for a Bookmaker's Permit

## Details of the Applicant Company

### Notes to Applicants

This form should be completed by a company wishing to apply to the Gambling Supervision Commission (GSC) for a Bookmaker's Permit in accordance with the Gaming, Betting and Lotteries Act 1988 (GBL).

Guidance notes are available from our website should they be needed.

Before the Application Process can proceed, the prescribed Application Fee must have been paid in full.

Answer all questions in full and where specific information is requested, provide in full. Failure to do so may result in your application being delayed, and your application being returned. Use N/A or NIL where applicable. If any details set out on this form change prior to the determination of this application, you must notify the GSC in writing as soon as reasonably practicable.

Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found. Please number, date and sign any additional attached pages to the application form.

Should it be found that any information provided as part of the application process is, without reasonable excuse, misrepresented or falsified, deliberately omitted or otherwise not properly provided, this may provide reason for an application to be rejected or fail altogether, and any subsequent approval that may have been granted may be suspended or revoked.

Completed application forms with all necessary supporting documents should be sent to the address below. Electronic copies should also be emailed to us.



|                                  |  |
|----------------------------------|--|
| <b>Name of Applicant Company</b> |  |
|----------------------------------|--|

| <b>Nominated Contact Person</b>   |  |
|---|--|
| All correspondence from the GSC during the application process will be directed to this person. |  |
| Name  |  |
| Relationship to Applicant Company   |  |
| If you work for a Corporate Service Provider state the company name here                        |  |
| Address   |  |
| Contact Number  |  |
| E-mail Address  |  |

| <b>The Applicant Company</b>                                  |  |
|---|--|
| Full legal name of the applicant company                      |  |
| Trading Name <i>(if different)</i>                            |  |
| Company Number  |  |
| Date of Incorporation   |  |
| Website Address   |  |
| Registered Office Address                                     |  |
| Business Address in the Isle of Man <i>(If different)</i>     |  |
| Any other name by which the company has been previously known |  |



## Shareholding of the Applicant Company

Set out below details of all shareholders in the Applicant Company. If a nominee company or trust holds any of the shareholding, details of the ultimate beneficial owner must be provided.

| Total Issued Share Capital   |               |                  | (Number)    |               |
|--|---------------|------------------|-------------|---------------|
| Name   | Type of share | Number of Shares | Share Value | Paid Up Value |
|  |               |                  |             |               |
|  |               |                  |             |               |
|  |               |                  |             |               |
|  |               |                  |             |               |
|  |               |                  |             |               |
|  |               |                  |             |               |
|  |               |                  |             |               |
| Number of Shareholders with 5% or less of the issued share capital of the Applicant Company. |               |                  |             |               |

## Details of Company Officers

Please provide the following information. If any of the named individuals are acting in a professional capacity on behalf of a Corporate Service Provider (CSP) please name the CSP (continue on a separate sheet if required). Each of these individuals is also required to submit a completed Personal Declaration Form (PDF).

| Role                | Name | Name of CSP |
|---------------------|------|-------------|
| Company Director    |      |             |
| Company Director    |      |             |
| Company Director    |      |             |
| Company Director    |      |             |
| Designated Official |      |             |
| Designated Official |      |             |
| Operations Manager  |      |             |

## Money Laundering Reporting Officer (MLRO)

The MLRO will need to complete a Personal Declaration Form

|              |  |
|--------------|--|
| Name         |  |
| Reporting to |  |



## Background information of the applicant company

Has the applicant company ever been:

|   |  |
|---|--|
| Convicted of any offence?   |  |
| Cautioned for any offence?  |  |
| The subject of any recorded judgement?  |  |
| The subject of any litigation?  |  |
| The subject of an investigation by law enforcement or any other statutory, regulatory or government body in any country?  |  |
| Is the applicant company the subject of any current investigation or enquiry by law enforcement or any other statutory, regulatory or government body?  |  |
| Is the applicant company part of a wider group of companies or any other style of corporate structure? If yes, provide a copy of the company structure and complete the form "Details of Ultimate Parent Company" |  |

If the answer to any of the questions YES, please provide full details on a separate sheet.

## Checklist

Please indicate that you have provided the following information. If the answer is NO, please explain on a separate sheet of paper

|  |  |
|--|--|
| The Application Fee  |  |
| Certificate of Incorporation of the Applicant Company  |  |
| Memorandum and Articles of Association of the Applicant Company  |  |
| Audited Accounts for the Applicant Company for the preceding two years (or since incorporation if less than that time), or if a start-up company, financial projections for the next 3 years |  |
| An executive Business Plan as outlined in the guidance notes   |  |
| A corporate structure diagram  |  |
| A payments schematic diagram showing the flow of cash and other funds as outlined in the guidance notes  |  |

Completed Personal Declaration Forms for:

|                          |  |
|--------------------------|--|
| Each Company Director    |  |
| Each Designated Official |  |
| Each Operations Manager  |  |



## Declaration

The Applicant Company hereby applies to the GSC for a bookmaker permit under the Gaming, Betting and Lotteries Act 1988.

We declare that the information supplied in this application is correct to the best of our knowledge.

We agree to provide the GSC with and further information that it may require when considering this application.

We agree to inform the GSC of any other information and changes after submission of the application which is material to this application.

We understand that the GSC will make enquiries, during the application process and on a continuing basis.

We confirm that we have read and understood the:

- The Gaming, Betting and Lotteries Act 1988;
- The guidance on integrity controls;
- The AML/CFT Guidance 2020 for Gambling Operators; and
- The Gambling (Anti-Money Laundering and Countering the Financing of Terrorism) Code 2019.

The below representatives of the company, certify that the information provided in this application is, to the best of their knowledge and belief, complete and correct.

|               |  |   |
|---------------|--|---|
| <b>Signed</b> |  | <b>Director of the Applicant Company</b>                      |
| <b>Name</b>   |  |   |
| <b>Date</b>   |  |   |
| <b>Signed</b> |  | <b>Director or Company Secretary of the Applicant Company</b> |
| <b>Name</b>   |  |   |
| <b>Date</b>   |  |   |