

APPLICATION FOR A LICENCE TO SELL OR SUPPLY CONTROLLED MACHINES

PERSONAL DECLARATION FORM - APPLICANT PERSON Notes to Applicants

This form should be completed by an individual who is applying to the GSC for a licence for the sale or supply of controlled machines on the Isle of Man under the Gaming (Amendment) Act 1984.

In order to make that decision, the GSC as the regulator for gambling activity on the Isle of Man is implicitly authorised to carry out such enquiries as may reasonably be expected to satisfy itself that these statutory requirements are met. These enquiries may inform the GSC of pending prosecutions, investigations, barring or disqualification by a professional body or industry regulators. If you would like to discuss this please contact the GSC.

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 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.

Paragraph 3 of Part 3 of Schedule 1 of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2018 exempts any occupation in respect of which an application to the GSC a licence, certificate or registration is required. You must therefore disclose spent convictions.

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.

| Details of the position of the Applicant Person | | | | |
|--|-----------|---------------------------------|--|--|
| Name of the Company | | | | |
| Position you hold within the Company | | | | |
| Is the Applicant Person a Company Direct | or | | | |
| Is the Applicant Person a Shareholder | | | | |
| Part 2 Personal Information | | | | |
| Gender | Male | Female | | |
| Surname (Family name) | | | | |
| Given Forename(s) | | | | |
| Current residential address & time you have lived here. | | | | |
| Date of Birth (Day/Month /Year) | | | | |
| Current Nationality: | | | | |
| Place and country of birth: | | | | |
| Contact telephone number | | | | |
| E-mail address | | | | |
| If you have a maiden or any former name(s), aliases or common uses (if applicable), please provide an explanation for any former names (e.g. marriage, adoption, etc.) | | | | |
| | | | | |
| If you have changed nationality from you nationality changed. Leave blank if not a | | ginal nationality and when your | | |
| Hadionality changear Ecave Blank in Not a | ррпсавте | | | |
| | | | | |
| If you have lived at your current home address for less than five years, provide all previous addresses during the past five years below. If there is insufficient room, continue on a separate sheet. | | | | |
| Previous Address 1 | Date from | Date to | | |
| Previous Address 2 | Date from | Date to | | |

| Evidence of Identity | | | | | |
|---|---------------------------------|-------|-------------|---|--|
| We are required to verify your identity. Please provide the details of your current valid passport or national ID card and a certified copy of that document that has been certified as a true copy of the original document by a notary public | | | | | |
| Passport Number | Issuing country | | Expiry date | 2 | |
| Travel document number | Issuing country | | Expiry date | 2 | |
| National ID card Number | Issuing country | | Expiry date | 2 | |
| Verification of Add | ress | | | | |
| You must provide a certified copy of one of the following documents as an acceptable form of address verification. The document must clearly show your name, the address in full and not be more than three months old | | | | | |
| Utility Bill | | | | | |
| Landline or internet bill | | | | | |
| Government Issued docume | ent showing your residential ad | dress | | | |
| Criminal Convictions | | | | | |
| The GSC will make certain enquiries with third party agencies during the consideration process which may inform us of pending prosecutions. If you would like to explain the background to any conviction, please do this on a separate document. You must include all spent convictions. | | | | | |
| Have you ever been convicted of an offence or been issued a | | | | | |
| formal caution from any law enforcement agency? | | | | | |
| Financial Circumstances | | | | | |
| The following questions refer to all jurisdictions and countries and your answers should not be restricted to any one jurisdiction in isolation. You must declare all matters irrespective of how long ago they occurred. | | | | | |
| Have you ever been: | | | | | |
| Declared bankrupt | | | | | |
| Entered into an agreement with creditors | | | | | |
| Subject of an Individual Voluntary Agreement (IVA) | | | | | |
| Subject of any civil legal action (including County Court judgements) | | | | | |
| Subject to penalty or enforcement action by any other Government Agency (Tax, IRS, Social Security etc.) | | | | | |

| Have you ever held a Directorship or other senior appointment with any partnership or business entity which has been placed into? | company, |
|---|--------------------|
| Liquidation | |
| Receivership | |
| Insolvency | |
| Any kind of regulatory administration or monitoring | |
| Are you in default or arrears in any of the following | |
| Mortgage facility | |
| Loan agreement | |
| Credit or Store Cards | |
| Bank overdraft facility | |
| Penalty or enforcement action by any Government Agency (e.g. Income Tax) | |
| Any other type of financial liability | |
| | |
| Competence | |
| Please provide a personal curriculum vitae which includes details of the following: | |
| Details of relevant qualifications | |
| Full employment history, including employers name, job title and responsibilities, the length of the term of employment and the reason for leaving. | |
| Other Information | |
| If you answer 'yes' to any question, please provide full details in a separate attachm | nent. |
| Have you ever been party to an application to the Isle of Man Government for any type of Gaming, Betting or Gambling Licence, whether online or terrestrial | |
| Have you ever been party to an application in any other jurisdiction for any type of Gaming, Betting or Gambling Licence, whether online or terrestrial | |
| Check List | |
| Please indicate that you have provided the following information. If the answer is on a separate sheet of paper. | NO, please explain |
| Answered all questions or provided an alternative explanation | |
| Provided a certified copy of your evidence of identity | |
| Provided a certified copy of your verification of address | |
| Provided a Curriculum Vitae | |
| Signed and dated the declaration below | |

Declaration and Signature

As part of the submission by the Applicant Company for a Licence to Sell and Supply Controlled Machines under Section 5 of the Gaming (Amendment) Act 1984:

I declare that the information supplied in this application is correct to the best of my knowledge.

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

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

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

I confirm that we have read and understood the:

- The Gaming (Amendment) Act 1984.
- The Guidance on Integrity Controls.

| Signed | |
|--------|--|
| Name | |
| Date | |