

# Misuse of Drugs (Cannabis) Regulations 2020 Part 2

## Personal Declaration Form (PDF)

### Non-Controlled Roles

This form supports applications to the Gambling Supervision Commission (GSC) in respect of persons associated with a medicinal cannabis licence or application.

Please complete all sections of the form in capital letters using blank ink.

This form should be completed in conjunction with the GSC's medicinal cannabis licence [integrity guidance](#).

This form and all accompanying documents and correspondence must be in English.

Part 1 – Name, Company Name and Role

Personal Declaration Form of  
(Your name here)

Are you acting in a  
professional capacity on  
behalf of another as an agent  
- if so please identify  
yourself as an agent for the  
applicant

Name of the Company

Position held/to be held  
within the Company

Indicate with an 'X' for each

of those applicable

- ☐ Shareholder with more than or equal to 5% (Private Company)
- ☐ Shareholder with more than or equal to 20% (Public Company)
- ☐ Trustee (arrangement that confers ownership or financial privilege)

## Part 2 – Personal Identity and Address

Title used      Mr ☐      Mrs ☐      Miss ☐      Ms ☐      Other:

Surname  
(family name by which you are commonly known)

Given Forename's

Maiden Name  
(Surname of a female before marriage)

Other name or alias  
(Any name by which you have been known for any reason)

Dates other names used      From       To

Gender      ☐ Male      ☐ Female

Date of Birth  
Day of Month / Month of Year in Words / Year in Full

Place of Birth

Town/City

Country

Current Nationality

Full Postal Address

Building Name or Number

Street

Town

County, State or Area

Country

Post Code

How long have you lived at this address

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

Building Name  
or Number

Street

Town

County, State or Area

Country

Post Code

Dates

From

To

Previous Address

Building Name  
or Number

Street

Town

County, State or Area

Country

Post Code

Dates

From

To

## Part 2.1 - Contact Methods (the method by which we can get in touch with you)

Type

Home

Business

Telephone

Mobile Phone

E-mail

## Part 2.2 - Evidence of Identity

You must provide a certified copy  
of an acceptable form of  
photographic ID

Indicate with an **X** which method you use

☐

Passport

☐

Country ID Card

☐

Driving Licence

## Part 2.3 - Verification of Address

You must provide a certified copy of an  
acceptable form of verification of your home  
address

Indicate with an **X** which method you use

☐

Utility Bill

☐

Other

**Please note that the verification of address must  
clearly show your name, the address in full and must  
not be more than three months old.**

## Part 3 – About the Shares

Type of Shares

What rights do the shares provide?

What is the reward provided?

Do the shares provide control or influence over the management of the company?    Yes ☐ No ☐

Describe what control or influence the holder of the shares has within the company

## Part 4 - Integrity; Previous Convictions etc.

4.1 Have you ever been convicted of an offence or accepted a formal Police or Customs caution, admonishment or formal warning?    Yes ☐ No ☐

4.2 Have you been charged with an offence and you are awaiting hearing; or otherwise subject to a pending prosecution?    Yes ☐ No ☐

4.3 Have you been sanctioned by a regulatory authority?    Yes ☐ No ☐

The GSC will make certain enquiries with third party agencies during the application and renewal process. These enquiries may inform the GSC of pending prosecutions and investigations, barring or disqualification by a professional body or industry regulators. If you would like to discuss this please contact the GSC. Should you wish to provide further information on this form you can do so here or on a separate document.

## Part 5 - Financial Circumstances

The questions at Part 5.1 to 5.3 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.

- 5.1 Have you ever been Yes ☐ No ☐
- 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.)
- 5.2 Have you ever held a Directorship or other senior appointment with any company, partnership or business entity which has been placed into Yes ☐ No ☐
- Liquidation
  - Receivership
  - Insolvency
  - Any kind of regulatory administration or monitoring
- 5.3 Are you in default of payment of any Yes ☐ No ☐
- Mortgage Facility
  - Loan Agreement
  - Credit or Store Cards
  - Bank overdraft facility
  - Penalty or enforcement action by any other Government Agency (Tax, IRS, Social Security etc.)

## Part 6 - Criminal record checks

To be approved for a role that has control of a medicinal cannabis licence, the GSC will require you to provide an enhanced DBS certificate. For further information on roles and to establish if you require an enhanced DBS certificate please refer to the GSC's licence type specific Integrity Guidance.

## Part 7 – Other Information

If you answer 'yes' to any of the following questions, please provide full details in a separate attachment.

7.1 Have you ever been party to an application to the Isle of Man Government for any type of Cannabis Cultivation Licence?

☐

Yes

☐

No

7.2 Have you ever been party to an application in any other jurisdiction for any type of cannabis activity?

☐

Yes

☐

No

## Part 8 – Check List

Please indicate that you have provided the following information. If the answer is NO, please supply an explanation.

Have you:

Answered all questions (and provided extra details where required?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provided a certified copy of your evidence of identity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provided a certified copy of your verification of address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provided your completed DBS check (if required)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed and dated the declaration below?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Part 9 – Declaration and Signature

As an individual who holds, or is applying to hold the position indicated in part 1 of this form:

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

I agree to provide any further information that the GSC may reasonably require when considering this application; I agree to notify the GSC immediately of any material changes in the information provided in relation to this application; and

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

Please note:

If this form has been completed on behalf of another person, that other person must sign the declaration below to confirm that the information supplied is correct. Agents cannot sign on behalf of their clients.

Signature

Name (print)

Date



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