

Misuse of Drugs (Cannabis) Regulations 2020 (section 4)

Simplified Personal Declaration Form

(SPDF) - Investors

This form supports applications to the Gambling Supervision Commission (GSC) in respect of persons associated with a medicinal cannabis licence or application – see part 1.

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 - Details of the role

Name of the Company

Position held/to be held
within the Company

**Indicate with an 'X' for each of
those applicable**

☐

Investor – regardless of reward

☐

Other

Part 2 - Personal Identity and Address

Title used	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="text"/>
Surname (family name by which you are commonly known)	<input type="text"/>				
Given Forename(s)	<input type="text"/>				
Maiden Name (Surname of a female before marriage)	<input type="text"/>				
Other name or alias (Any name by which you have been known for any reason)	<input type="text"/>				
Dates other names used	From <input type="text"/>	To <input type="text"/>			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Date of Birth Day of Month / Month of Year in Words / Year in Full	<input type="text"/>				
Place of Birth	<input type="text"/>				
(Town/City)	<input type="text"/>				
(Country)	<input type="text"/>				
Current Nationality	<input type="text"/>				
Full Postal Address					
Building Name or Number	<input type="text"/>				
Street	<input type="text"/>				
Town	<input type="text"/>				
County, State or Area	<input type="text"/>				
Country	<input type="text"/>				
Post Code	<input type="text"/>				
How long have you lived at this address	<input type="text"/>				

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

Type	Home	Business
Telephone	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>

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 – Investment

Information about the investment, regardless of reward

Total amount in of the Investment?

Does the investment provide a shareholding, if yes what is the holding amount?

What benefit do you receive from your investment?

Please confirm that the invested funds are not derived from any activity illegal in the Isle of Man

Part 4 – 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"/>
Signed and dated the declaration below?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 5 – 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:

Agents cannot sign on behalf of their clients.

I certify that the information provided on this form is, to the best of my knowledge and belief, complete and correct.

Signature

Name (print)

Date



Ground Floor | St George's Court | Myrtle Street | Douglas | Isle of Man | IM1 1ED

 +44 1624 694331  canna@gov.im www.isleofmangsc.com