



# Misuse of Drugs (Cannabis) Regulations 2020 Part 2

## Personal Declaration Form

(PDF)

### Controlled Roles

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 – 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

- Responsible Person
- Authorised Witness
- Person in Charge
- Person Responsible for Legal Compliance
- Company Director

## 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 - Integrity; Previous Convictions etc.

- 3.1 Have you ever been convicted of an offence or accepted a formal Police or Customs caution, admonishment or formal warning? Yes  No
- 3.2 Have you been charged with an offence and you are awaiting hearing; or otherwise subject to a pending prosecution? Yes  No
- 3.3 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 4 - Financial Circumstances

The questions at Part 4.1 to 4.3 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.

- 4.1 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.) Yes  No
- 4.2 Have you ever held a Directorship or other senior appointment with any company, partnership or business entity which has been placed into  
• Liquidation  
• Receivership  
• Insolvency  
• Any kind of regulatory administration or monitoring Yes  No
- 4.3 Are you in default of payment of any  
• 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.) Yes  No

## Part 5 –CV and experience

Are you now, or have you ever been a member of a Professional Body relating to the medicinal cannabis and hemp industry. Yes  No

5.1 Please provide a separate Curriculum Vitae which includes details of the following:

- Brief educational history and qualifications obtained
- Full employment history for the past ten years, including in each case employer's name; job title and responsibilities; the length of the term of employment; and the reason for leaving
- Experience and qualifications relevant to the role

## 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 a DBS certificate. As a registered body, the GSC can do this on your behalf once you have completed and submitted the required form and documentation:

Please supply:

- A completed, signed and dated DBS form (in capital letters and black ink)
- If you have resided at your current address for less than 5 years, details of your previous address/es
- 1 document from group 1 (see below)
- 2 further documents from group 1, 2a or 2b (see below)

Please see the [DBS site for more information](#) on DBS Group 1, 2a and 2b (please note that documents in group 2b are subject to date limits)

### DBS criminal record checks

As part of the GSC's integrity considerations, a DBS certificate is required for certain roles. For further information on roles please refer to the GSC's licence type specific Integrity Guidance.

The Standard/Enhanced Check Privacy Policy for applicants can be found here - <https://www.gov.uk/government/publications/standard-and-enhanced-dbs-check-privacy-policy>

[DBS Policy Gambling Licensing](#)

[GSC DBS Information Handling Policy](#)

## Part 7 – Other Information

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

6.1 Have you ever been party to an application to the Isle of Man Government for any type of Cannabis Cultivation Licence?  Yes  No

6.2 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 a Curriculum Vitae?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provided your completed DBS check?	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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