

PERSONAL HISTORY DISCLOSURE FORM

To be completed by all Key Persons as described by the Act

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

1. You must make accurate statements and include all material facts. Any misrepresentation or failure to provide the requested information may result in the denial of your application.
2. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
3. All entries on this form, except initials and signatures, must be typed or printed in block lettering using blue ink. If your application is not legible, it will not be accepted.
4. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
5. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Gambling (Betting and Gaming) Control Commission (the Commission).

II. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION BE SURE THAT:

1. You have reviewed the filing instructions for the type of license, approval or qualification that you are seeking.
2. You have included all required attachments listed in this form.
3. The Statement of Truth form is notarized on the original application.
4. Every question has been answered completely.
5. You retain a completed copy of your application package for your own records.
6. You have completed all ancillary forms.

III. INFORMATION VERIFICATION

- A. The Gambling Control Commission (the Commission) must consider whether an applicant is suitable to be granted a license by verifying the background information provided and ensuring the existence of adequate financial resources to efficiently operate a gambling business in a manner consistent with the licensing objectives of the Gambling (Betting and Gaming) Control Act No. 8 of 2021 and the attendant legislation.**
- B. An application will not be considered until ALL questions have been satisfactorily answered and the application fee has been paid in full.**
- C. The Commission may request any additional information considered necessary to determine the suitability of the applicant for a license.**

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION.

PERSONAL DATA

**PLEASE PRINT OR TYPE THE ANSWERS TO THE
FOLLOWING QUESTIONS IN THE SPACES
PROVIDED**

SECTION 1: APPLICANT INFORMATION			
NAME <div style="display: flex; justify-content: space-between;"> Last: First: Middle name: </div>			
MAILING ADDRESS/POSTAL ADDRESS <div style="display: flex; justify-content: space-between;"> Apt#/Flat#: Number and Street: Village/Street: City/Town: </div>			
RESIDENTIAL ADDRESS: <div style="display: flex; justify-content: space-between;"> Apt#/Flat#: Number and Street: Village/Street: City/Town: </div>			
BUSINESS ADDRESS: <div style="display: flex; justify-content: space-between;"> Apt#/Flat#: Number and Street: Village/Street: City/Town: </div>			
Residential Contact Number:		Business Contact Number:	
Email address:			
Place of Birth:		Country of Birth:	
HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE INCLUDING SUPPORTING DOCUMENTS.) 1. _____ 2. _____ 3. _____	
Identification Type: National Identification/ Driver's Permit/ Passport, Social Security 1. _____ 2. _____ 3. _____ 4. _____			Country of Issue:
BIR NO.:			
NIS NO.:			

SECTION 2: RESIDENTIAL DATA

Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past six (6) years.

DATES		ADDRESS (Street No., City/ Town, Country, Zip Code)	OWN/RENT	NAME, ADDRESS & TELEPHONE NUMBER
From: (Month/ Year)	From: (Month/ Year)			

SECTION 3: EDUCATIONAL DATA

Provide the information listed below with respect to education received and institutions attended at secondary and graduate level

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAMME (Street No., City/ Town, Country, Zip Code)	DESCRIPTION OF EDUCATION PROGRAMME	CERTIFICATION ATTAINED	GRADUATED YES/ NO
From: (Month/ Year)	From: (Month/ Year)				

SECTION 4: EMPLOYMENT HISTORY DATA & LICENSING DATA

1. List all offices, trusteeships, directorships, or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership, or other business entity during the last ten- y e a r period. If you have ever been employed by a casino or gambling related company in a jurisdiction, include in the table below. **(Begin with the most recent and work backward.)**

4. Have any of the licenses, permits or certifications applied for, or held by you, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart as to each denial, suspension, revocation of licence/ certification:

TYPE OF LICENCE OR CERTIFICATION	NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ ORGANISATION (Street No., City/ Town, Country, Zip Code)	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON (S) FOR DENIAL SUSPENSION OR REVOCATION

5. List any group, firm, partnership, corporation, or any other businesses in which you have held an ownership interest of 5% or more for the past twenty years, or since the age of 18, whichever is less. (Do not include publicly traded corporations in which you owned stock.)

DATE		NAME AND ADDRESS(ES) OF BUSINESS (Street No., City/ Town, Country, Zip Code)	5% INTEREST HELD BY YOU	COUNTRY OF ORGANISATION
From: (Month/ Year)	From: (Month/ Year)			

6. Have you ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorisation to participate in any form or type of casino, gambling related operation (including any manufacturer of gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.

If yes, complete the following chart:

Yes ☐ No ☐

NAME AND ADDRESS(ES) OF LICENSING AGENCY/ ORGANISATION (Street No., City/ Town, Country, Zip Code)	TYPE OF LICENCE, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ECT.)	LICENCE, APPROVAL OR REGISTRATION NUMBER

7. Are any members of your family associated with or employed in any form or type of casino or gaming/ gambling related operation? Yes ☐ No ☐

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/ GAMBLING BUSINESS AND ADDRESS	BUSINESS TELEPHONE

SECTION 5: CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

INSTRUCTIONS:

1. Answer "YES" and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.

2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency*.

IMPORTANT

The Commission will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

SECTION 5: CRIMINAL AND INVESTIGATORY PROCEEDINGS

13. Have you ever been arrested or charged with any crime or summary offense in any jurisdiction?

Yes ☐No ☐

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

SECTION 6: FINANCIAL DATA

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

<p>42. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse and your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.</p>				<p>43. Please list all your liabilities. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.</p>		
ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE	SPECIAL VALUATION DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. Cash				10. Notes Payable		
a) On Hand		a)		11. Loans and Other Payables		
b) In bank		b)	b)	12. Taxes Payable		
2. Loans, Notes and Other				13. Mortgages or Liens on Real Estate		
3. Securities				14. Loans Against Insurance/Pension		
4. Real Estate Interests				15. Other Indebtedness Schedule (B)		
5. Cash Value Life Insurance				TOTAL LIABILITIES		
6. Cash Value Pension/				NET WORTH		
7. Furniture				Total Assets (From Column B)		
8. Vehicles				Total Liabilities (From Column D)		
9. Other				Contingent Liabilities		
TOTAL ASSETS				Date of Statement		

Please provide the name, address and phone number of completing this statement if it is completed by someone other than you.

Name ____ Address ____ Phone ____