

# APPLICATION FOR ACCREDITED TEST FACILITY STATUS

**This application must comply with Schedule 1 of the Online Gambling (Systems Verification) (no2) Regulation 2007**



Please complete in BLOCK CAPITALS and in black ink and then return this completed form to:

The Secretary, Isle of Man Gambling Supervision Commission, 4th Floor St Andrews House, Finch Road, Douglas, Isle of Man, IM1 2PX, British Isles

Contact Details - Tel: +44 (0)1624 694331,  
Email: [gaming@gov.im](mailto:gaming@gov.im) ,  
Website: [www.gov.im/gambling/](http://www.gov.im/gambling/)

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OGRA App No	
OGRA PDF No	

**Name of Company**

Please indicate the contact name, address and telephone number and relationship of the individual with whom the Gambling Supervision Commission (the Commission) should communicate concerning this application. If there is insufficient space in any section within this form please indicate and detail on an attached separate sheet.

The Commission retains the right to request additional information.

Please complete this form in black ink using typescript of BLOCK LETTERS, except when signing.

**Contact Name**

**Position in the Company**

**Address**

**Postcode**

**Telephone Number**

**Fax Number**

**Mobile Number**

**E-mail Address**

**Website Address**

## FOR OFFICE USE ONLY

Date received

Reference number

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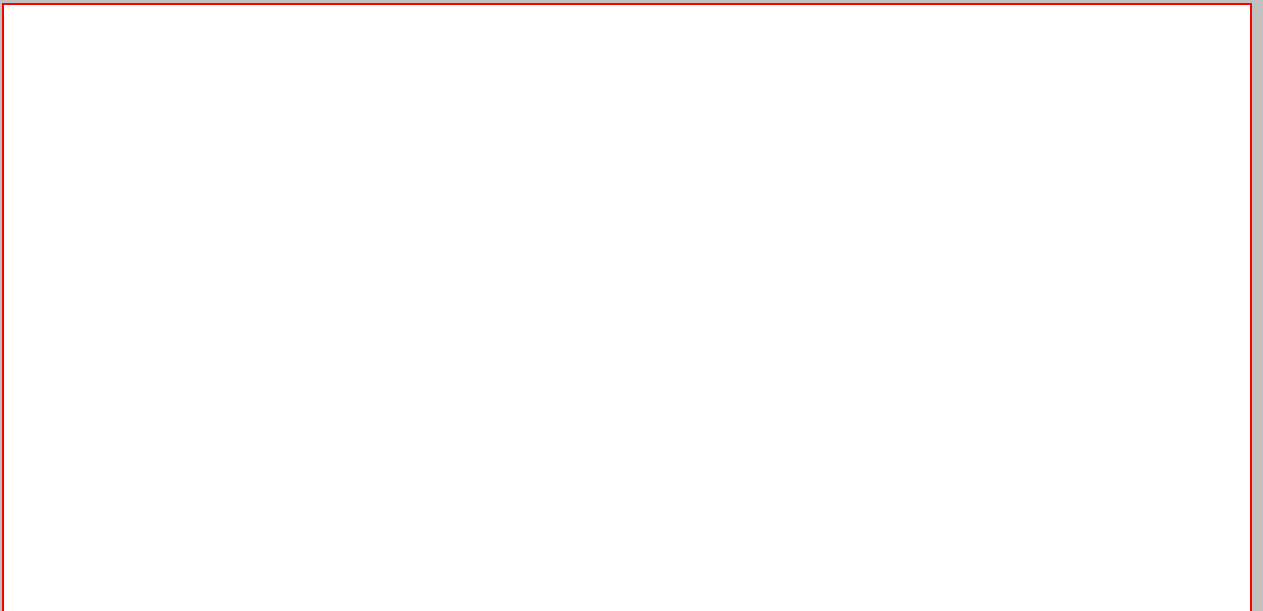
**About the Company**

Brief company background including details of the online gaming test services offered.

A large, empty rectangular box with a thin red border, intended for providing a brief company background and details of online gaming test services offered.

**Accreditations**

Details of any relevant, internationally recognised, industry accreditations attained by the organisation or its employees.

A large, empty rectangular box with a thin red border, intended for providing details of any relevant, internationally recognised, industry accreditations attained by the organisation or its employees.

**Directors**

Include the full name, address, place and date of birth of each Director of the company. Also include, where appropriate, details of any interest each Director has in other gaming companies, gaming organisations or gaming related industries.

A large, empty rectangular box with a thin red border, intended for listing the names, addresses, and other details of the company's directors.

**Approved Sites**

Please provide a list of organisations that have approved the use of your services.

A large, empty rectangular box with a thin red border, intended for listing the names of organisations that have approved the use of the company's services.

## DECLARATION

We agree to furnish any further information that the Commission may require when considering this application and also to notify the Commission immediately of any material changes in the information provided in this application which may occur after the date of submission and prior to the date on which our status is granted.

We further agree that any person named within this application form is authorised to release any information requested by the Commission, as the Commission deem relevant in its assessment of the application.

We certify that the information provided in this application is, to the best of our knowledge and belief, complete and correct.

**Signed**

**Name**

**Date**

**Signed**

**Name**

**Date**

This application should be signed by at least one Director of the company.