



## **LICENCE TO OPERATE A CASINO**

### **The Casino Act 1986**

## **DETAILS OF THE APPLICANT COMPANY**

This form should be completed by a company wishing to apply to the Gambling Supervision Commission (GSC) for a licence to operate a casino in accordance with the Casino Act 1986.

This form should be completed in conjunction with the GSC's integrity guidance.

Please complete in capital letters using black ink.

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

<b>Name of Applicant Company</b>	
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<b>Nominated Contact Person</b>	
<b>All correspondence from the GSC during the application process will be directed to this person.</b>	
Name	
Relationship to Applicant Company	
If you work for a Corporate Service Provider state the company name here	
Address	
Contact Number	
E-mail Address	

<b>Part 1 – The Applicant Company</b>	
1.1 Full legal name of the applicant company	
1.2 Any other name by which the company has been previously known	
1.3 Trading Name <i>(if different)</i>	
1.4 Website Address	
1.5 Registered Office Address	
1.6 Business Address in the Isle of Man <i>(If different from address at 1.5)</i>	
1.7 Company Number	
1.8 Date of Incorporation	

## Part 2 – Shareholding of the Applicant Company

**If a nominee company or trust holds any of the shareholding, details of the ultimate beneficial owner must be provided.**

2.1 Total Issued Share Capital	(Number)
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Made up of:

Name	Type of Share	Number of Shares	Total Value	Paid Up Value

2.2 Number of Shareholders with 10% or less of the issued share capital of the Applicant Company.	
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## Part 3 – Details of company Director and Officers

Please provide the name and role of the:

- Company Directors;
- Deputy Director;
- Operations Officers;
- Other management
- MLRO.

If any of these people are acting in a professional capacity on behalf of a Corporate Service Provider please mark accordingly and name the CSP (continue on a separate sheet if required).

Each of these persons is also required to submit a Personal Declaration Form (PDF).  
(N.B. Any Individual holding more than one position is only required to submit one form).

Name	Role	CSP (if applicable)	PDF (✓)

### 3.1 Money Laundering Reporting Officer (MLRO)

Name	
Reporting to	
Corporate structure attached	Yes / No

## Part 4 – Background information to the applicant company

***If the answer to any of the questions in this Part is YES, please provide full details on a separate sheet***

Has the applicant company ever been:

Convicted of any offence	YES / NO
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Cautioned for any offence	YES / NO
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The subject of any recorded judgement	YES / NO
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The subject of any litigation	YES / NO
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The subject of an investigation by law enforcement or any other statutory, regulatory or government body	YES / NO
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Is the applicant company the subject of any current investigation or enquiry by law enforcement or any other statutory, regulatory or government body?	YES / NO
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Is the applicant company part of a wider group of companies or any other style of corporate structure? <b>If the answer to this question is 'yes', please complete the application form "Details of Ultimate Parent Company"</b>	YES / NO
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## Part 5 – Check List

**Please indicate that you have provided the following information.  
If the answer is NO, please explain on a separate sheet of paper**

Certificate of Incorporation of the Applicant Company	YES / NO
Memorandum and Articles of Association of the Applicant Company	YES / NO
Register of Directors	YES / NO
Details of the lease, tenancy or other agreements	YES / NO
Audited Accounts for the Applicant Company for the preceding two years (or since incorporation if less than that time), or if a start-up company, financial projections for the next 3 years	YES / NO
An executive Business Plan	YES / NO
A corporate structure diagram	YES / NO
A payments schematic diagram showing the flow of cash and other funds	YES / NO
Detailed plans of the premise, including details of gambling rooms, construction, alterations	YES / NO
Specifications of the facility and amenities	YES / NO
Completed Personal Declaration Forms for: (Tick) <input type="checkbox"/> Company Directors <input type="checkbox"/> Deputy Director <input type="checkbox"/> Operations Officers <input type="checkbox"/> Other management <input type="checkbox"/> MLRO	YES / NO     YES / NO

## Part 6 – Declaration

The Applicant Company hereby applies to the GSC for a Licence to operate a casino under the Casino Act 1986.

We declare that the information supplied in this application is correct to the best of our knowledge.

We agree to provide the GSC with and further information that it may require when considering this application.

We agree to inform the GSC of any other information and changes after submission of the application which is material to this application.

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

We confirm that we have read and understood the:

- The Casino Act 1986
- The Integrity Guidance for CA applications.

The below representatives of the company, certify that the information provided in this application is, to the best of their knowledge and belief, complete and correct.

<b>Signed</b>		<b>Director of The Applicant Company</b>
<b>Name</b>		
<b>Date</b>		
<b>Signed</b>		<b>Director or Company Secretary of The Applicant Company</b>
<b>Name</b>		
<b>Date</b>		

The GSC is registered with the Isle of Man Information Commissioner as a data controller under Isle of Man Data Protection Legislation.

The GSC collects and processes personal data to satisfy its legal obligation under Isle of Man gambling legislation. The GSC may also share personal information with third parties where it is necessary for the performance of a task and where there is a legal basis for doing so.

Further information on how the GSC collects and processes personal data can be found in the [Privacy Notice](#) and Integrity Guidance on the GSC website.

The Data Protection Officer can be contacted on [DPO-GSC@gov.im](mailto:DPO-GSC@gov.im) on Tel +44 1624 694331.