



APPLICATION FOR A LICENCE UNDER THE ONLINE GAMBLING REGULATION ACT 2001

DETAILS OF THE APPLICANT COMPANY

Name of the Applicant Company

This form is issued by the Isle of Man Gambling Supervision Commission of Ground Floor, St George's Court, Myrtle Street, Douglas, Isle of Man, IM1 1ED
Telephone: (01624) 694331 Fax: (01624) 694344 E-mail: gaming@gov.im
Web Site: www.gov.im/gambling

Please read the GUIDANCE NOTES before completing this Application Form.

Please complete in CAPITAL LETTERS (except where signing) and using BLACK ink.

Please stay within the text boxes. If there is insufficient room, please provide the information on a separate sheet, and indicate in the box that you have done so.

All questions have to be answered and where specific information is requested, it must be provided in full. A failure to do so will result in your application being delayed, and may result in your application being returned.

The Gambling Supervision Commission (GSC) retains the right to request additional information.

Before the Application Process can proceed, the prescribed Application Fee must have been paid in full.

Should it be found that any information provided as part of the application process is, without reasonable excuse, misrepresented or falsified, deliberately omitted or otherwise not properly provided, this may provide reason for an application to be rejected or fail altogether, and any subsequent approval that may have been granted may be suspended or revoked.

Client confidentiality is important to us. Information provided as part of this process will not be shared with anyone, other than sanitised information which is used for the purpose of conducting the prescribed statutory and due diligence checks.

Contact Person

Give the details of the individual designated as the main point of contact for this application.

All correspondence from the Commission during the application process will be directed to this contact.

To maintain client confidentiality, unless you confirm otherwise to the GSC in writing, we will not discuss the contents of this application or its progress with any other person or agency.

The only exception to this is the provision of sanitised details for the purpose of conducting due diligence checks and enquiries.

Name		
Relationship to Applicant Company		
If you work for a Corporate Service Provider please state their company name here		
Full Postal Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
Telephone Number		
Mobile Number		
Fax Number		
E-mail Address		

1. The Applicant Company

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 (if different)		
1.4 Website Address		
1.5 Registered Office Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
1.6 Business Address in the Isle of Man (If different from address at 1.5)	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
1.7 Company Number		
1.8 Date of Incorporation		
1.9 Issued Share Capital		

2. Shareholding of the Applicant Company

Please list the name and shareholding details of all shareholders with more than 5 % of the issued share capital of the Applicant Company.

Each of these persons is also required to submit a Personal Declaration Form (PDF).

Please give the total number of the shareholders with 5% or less of the issued share capital of the Applicant Company, and provide a separate schedule detailing the full name, date of birth and address of those shareholders. If the company is a plc with a large number of smaller shareholders, please contact the GSC for advice.

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

2.1 Total Issued Share Capital

(Number)

Made up of:

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

2.2 Number of Shareholders with 5% or less of the issued share capital of the Applicant Company (Schedule attached)

3. Details of Company Officers and the Designated Official / Operations Manager

Please list the name and role of the:

- Company Directors
- Designated Official(s)
- Operations Manager(s) (if appointed)

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

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)

The person who is to be appointed MLRO is required to submit a Simplified PDF, and invited to submit a Curriculum Vitae evidencing their qualifications, experience and competence to fulfil that role.

There also needs to be valid confirmation within the business plan, corporate structure document or in some other part of the application documentation, that the person appointed as MLRO will enjoy a suitably senior role within the organisation (appropriate to its size and the nature of the business) and that person will have independent and direct access to the Board of Directors.

4. Background information to the applicant company

If the answer to any of the questions in part 4 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?	YES / NO
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If the answer to this question is 'yes', please complete an application form - details of ultimate parent company.

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

The Application Fee	YES / NO
Certificate of Incorporation of the Applicant Company	YES / NO
Memorandum and Articles of Association of the Applicant Company	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 two years	YES / NO
An executive Business Plan as outlined in the guidance notes	YES / NO
A payments schematic diagram showing the flow of cash and other funds as outlined in the guidance notes	YES / NO
<p>Completed Personal Declaration Forms for:</p> <p>TICK</p> <p><input type="checkbox"/> Company Directors</p> <p><input type="checkbox"/> the proposed Designated Official(s)</p> <p><input type="checkbox"/> the proposed Operations Manager(s) (if required)</p> <p>Completed Simplified Personal Declaration Forms for:</p> <p><input type="checkbox"/> all other controllers* of the company</p> <p style="text-align: right; font-size: small;">*as detailed on the Simplified PDF form</p>	YES / NO

6. Declaration

The Applicant Company hereby applies to the Gambling Supervision Commission for a Licence under section 4 of the Online Gambling Regulation Act 2001.

The undersigned Officers of the Applicant Company agree:

- to furnish any further information that the Commission may require when considering this application
- to notify the Commission immediately of any material changes in the information provided in this application
- that any person named within this application form is authorised to release any information requested by the Commission

As part of the application process, the GSC will make extensive due diligence enquiries in order to establish that the Applicant Company is under the control and management of persons of integrity and competence who are of sound character and financial status. To do so, the GSC will seek confirmation of facts and potentially seek further information from third parties, amongst which will be the Isle of Man and UK Police, the Isle of Man Treasury Customs & Excise Division, the Isle of Man Financial Services Authority, the office of the Information Commissioner, Banks, Credit Reference Agencies and others.

The officers of the Company hereby grant authorisation for the GSC to undertake such enquires, and to request and receive information about the Applicant Company and the individuals named in the application from such third parties.

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

Signed		Director of The Applicant Company
Name		
Date		
Signed		Director or Company Secretary of The Applicant Company
Name		
Date		

The Isle of Man Gambling and Supervision Commission is registered with the Isle of Man Information Commissioner as a data controller under Isle of Man Data Protection Legislation. The Commission collects, processes and uses personal data in line with a number of pieces of legislation and in order to conduct its functions under relevant legislation. The Commission may also share personal data and information with other parties where there is a legal basis for doing so. Information on how the Commission collects and processes personal data can be found in the [Privacy Notice](#) on the Commissions website. The Data Protection Officer can be contacted on DPO-GSC@gov.im on Tel +44 1624 694331.