



SECTION 5 GAMING (AMENDMENT) ACT 1984

PERSONAL DECLARATION FORM

**Personal Declaration
Form of (Name)**

**Name of the
Applicant Company**

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

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.

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 with other Government departments, our consultants etc

Part 1 – Personal Identity

Title	Mr	Mrs	Miss	Ms	Other:
Surname or Family Name					
Forename(s)					
Maiden Name					
Any other names					
Reason for the use of an alias or other Name					
Dates other names used	From:			To:	
Gender	Male			Female	
Date of Birth					
Place of Birth	Town/City:			Country:	
Nationality at time of Birth					
Current Nationality					
Full Postal Address	Building Name or Number				
	Street				
	Town				
	County or Area				
	Country				
	Post Code				
Occupancy Status of Current Home Address	Owner	Joint Owner	Renting	Living with Parents	
	Other:				
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.

Dates from and to		
Previous Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
Dates from and to		
Previous Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
Dates from and to		
Previous Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	

Contact Methods	Home	Business
Telephone		
Mobile Phone		
Facsimile		
E-mail		

Evidence of Identity					
Indicate ('✓' or 'X') which method of identification you use, a copy of which must be attached					
	Passport		Country ID Card		Driving Licence

Verification of Address					
Indicate ('✓' or 'X') which method you use to verify your address, a copy of which must be attached					
	Bank Statement		Utility Bill		Other

Position held/to be held within the Company.			
Indicate ('✓' or 'X') as many positions as are applicable.			
'✓' or 'X'	Position Description	'✓' or 'X'	Position Description
	Shareholder with more than 10% holding		Company Director

Part 2 Integrity – Previous Convictions etc...

The questions in Part 2 refer to all jurisdictions and countries, and your answers should not be restricted to any one jurisdiction in isolation.
You must include convictions that might be considered as 'spent' under the Rehabilitation of Offenders Act.

Declaring a conviction etc should not be seen as an automatic bar to licensing, as all matters are judged individually on their merits.

If you answer 'yes' to any question, please provide full details in a separate attachment.

<p>2.1 Have you ever been convicted of an offence or accepted a formal Police or Customs caution, admonishment or formal warning?</p>	<p>YES / NO</p>
<p>2.2 Have you been charged with an offence and awaiting hearing; or otherwise subject to a pending prosecution?</p>	<p>YES / NO</p>
<p>2.3 To your knowledge, are you under investigation or enquiry by</p> <ul style="list-style-type: none"> • the police, customs or any other law enforcement agency; • any other Government Agency (i.e. Tax, IRS, Social Security etc) • any Professional Body, Trade Association or Industry Regulator 	<p>YES / NO</p>
<p>2.4 Have you ever been censured, disciplined or made subject of an order by any Professional Body, Trade Association or Industry Regulator</p>	<p>YES / NO</p>
<p>2.5 Have you ever been:</p> <ul style="list-style-type: none"> • Disqualified from acting as a director of a Company • Prohibited from acting in the management or conduct of the affairs of any company, partnership or association 	<p>YES / NO</p>
<p>2.6 Have you ever been barred from entry into any employment or office? During the course of any employment or office, have you ever been:</p> <ul style="list-style-type: none"> • Suspended or dismissed • Required to resign 	<p>YES / NO</p>

Part 3 - Financial Circumstances

The questions at Part 3.1 to 3.3 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.

Declaring any matter should not be seen as an automatic bar to licensing, as all matters are judged individually on their merits.

If you answer 'yes' to any question, please provide full details in a separate attachment.

<p>3.1</p> <p>Have you ever been</p> <ul style="list-style-type: none"> • 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) 	<p>YES / NO</p>
<p>3.2</p> <p>Have you ever held a Directorship or other senior appointment with any company, partnership or business entity which has been placed into</p> <ul style="list-style-type: none"> • Liquidation • Receivership • Insolvency • Any kind of regulatory administration or monitoring 	<p>YES / NO</p>
<p>3.3</p> <p>Are you in default of payment of any</p> <ul style="list-style-type: none"> • 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) • Any other type of financial liability 	<p>YES / NO</p>

Financial Circumstances - Personal Banking

3.4

Please provide details of your main personal banking account.

You must also provide either:

- a letter from an official at your bank, which confirms the details you have provided and which includes the contact details of the person at the bank providing the information; or
- full copies of a recent (within three months) monthly statement for each account

Name of Bank or Building Society			
Branch Sort Code			
Full Postal Address	Building Name or Number		
	Street		
	Town		
	County or Area		
	Country		
	Post Code		
Account Title	Account Number	Length of time account held	

Part 4 Integrity - Professional References

Are you now, or have you ever been a member of a Professional Body, Trade Association or other similar organisation	YES / NO	
Name of Body or Association		
Postal Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
Your Designation		
Date Admitted or Joined		
Membership Number		

Part 5 Integrity - Curriculum Vitae

Please provide a separate CV or Résumé which will include details of the following:

- Brief educational history and qualifications obtained
- Full employment history for the past ten years, including employers name, job title and responsibilities, the length of the term of employment and the reason for leaving
- Experience and qualifications relevant to the role and the gambling industry

Part 6 – Other Information

If you answer 'yes' to any question, 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 Gaming, Betting or Gambling Licence, whether online or terrestrial	YES / NO
6.2 Have you ever been party to an application in any other jurisdiction for any type of Gaming, Betting or Gambling Licence, whether online or terrestrial	YES / NO

Part 7 – Check List

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

Answered all questions or provided an alternative explanation	YES / NO
Provided a plain copy of your evidence of identity	YES / NO
Provided a plain copy of your verification of address	YES / NO
Provided your banking information as required at Part 3.4	YES / NO
Provided a Curriculum Vitae as required at Part 5	YES / NO
Completed and signed the Information Disclosure Authority Form (which follows at Page 11 of this document)	YES / NO
Completed and signed Disclosure Barring Service (DBS) Form (If a DBS form was not requested prior to the application being submitted, one will be issued upon receipt of this form).	YES / NO
Signed and dated the declaration below	YES / NO

Part 8 – Declaration and Signature

As part of the submission for _____ , under section 3/5 of the Gaming (Amendment) Act 1984, I 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

I understand that, as part of the application process, the Gambling Supervision Commission (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.

I hereby authorise the GSC to 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 Information Commissioner, Banks, Credit Reference Agencies and others.

I further grant authorisation for the GSC to undertake such enquires, and to request and receive information about me from such third parties.

I certify that the information provided in this personal Declaration Form is, to the best of my knowledge and belief, complete and correct.

Signature	
Date	



GAMING (AMENDMENT) ACT 1984

Information Disclosure Authority

This form is issued by the Isle of Man Gambling Supervision Commission
 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

I, the below signed, confirm that I have applied to the Isle of Man Gambling Supervision Commission (GSC) for _____, to operate under the Gaming (Amendment) Act 1984.

I understand that as part of the application process, the GSC will undertake comprehensive due diligence enquiries into my character, integrity, competence and financial status.

These enquiries will include checks with, but may not be limited to, the IOM and UK Police Service, Customs & Excise, the IOM Financial Services Authority, Companies House, the Insolvency Register, Court Judgements, Information Commissioner, credit reference agencies, and other public record information.

In connection with this, *I Hereby Authorise* the disclosure, to any officer appointed by the GSC, of any information requested in connection with the application that will help satisfy those enquiries.

I Further Authorise the disclosure of information from each and every Bank Account held in my name either singly, jointly or severally and any other accounts to which I am a signatory, and for the GSC to obtain copies of any documents relative to the said account(s) for the purposes of establishing my financial status.

In accordance with the Data Protection Act 2018, I consent to the disclosure of any such data as is processed automatically.

A photocopy or fax of this authorisation shall be considered as effective and valid as the original.

Signature			
Full Name			
Contact Address	Building Name or Number		
	Street		
	Town		
	County or Area		
	Country		
	Post Code		
Contact Telephone		E-mail address	