



## APPLICATION FOR ACCREDITED TEST FACILITY STATUS

**This application must comply with Schedule 1 of the Online Gambling (Systems Verification) (No2) Regulations 2007**

This form is issued by the Isle of Man Gambling Supervision Commission (GSC) of St George's Court, Myrtle Street, Douglas, Isle of Man, IM1 1ED

Telephone: (01624) 694331

E-mail: [gaming@gov.im](mailto:gaming@gov.im)

Fax: (01624) 694344

Web Site: [www.gov.im/gambling](http://www.gov.im/gambling)

Please read the GUIDANCE NOTES before completing this Application Form.

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

N.B. The Gambling Supervision Commission reserves the right to inspect at the Applicant Companies expense. All Applications must be completed in English.

**Please note** that Accredited Testing Facility Status will last for a period of 5 years, following which a new application will be required for a further 5 year period. An Accredited Testing Facility is also responsible for notifying the Gambling Supervision Commission if there are any significant changes to the details provided in the initial application within the 5 year accreditation period.

### Section 1 - Contact Details

Name of Company		
Give the details of the individual designated as the main point of contact for this application. All correspondence from the Gambling Supervision Commission during the application process will be directed to this contact.		
To maintain client confidentiality, unless you confirm otherwise to the Gambling Supervision Commission in writing, we will not discuss the contents of this application or its progress with any other person or agency.		
Name of Designated Contact responsible for this application		
Relationship to Applicant Company		
Full Address	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	

## Section 2 – Company Details

Name of Company		
Trading name if different from above		
Registered Office	Building Name or Number	
	Street	
	Town	
	County or Area	
	Country	
	Post Code	
Telephone Number		
Mobile Number		
Fax Number		
E-mail Address		
Website Address		
Company Number		
Date of Incorporation		
Issued Share Capital		

### SECTION 3 - Shareholding of the Applicant Company

Please provide a diagram of the Corporate Structure and list the name and shareholding details of all shareholders with a holding of 25% or more of the issued share capital of the Applicant Company.

Total Issued Share Capital	(Number)
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Made up of:

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

Number of Shareholders with less than 25% of the issued share capital of the Applicant Company.	
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### Section 4 - Details of Company Officers

Please list the names and role of key technical staff.

Each of these persons is also required to submit a brief CV providing detail of qualifications and relevant experience.

Name	Role	CV (✓)

## Section 5 – Relevant Permits, Licences and accreditation

<p>Please provide details of all relevant certificates of accreditation/licences/permits.</p> <p>This includes BS EN ISO-17025 and approvals from other gambling regulators to test remote systems, etc.</p>	Type of Certificate		
	Issued by		
	Description		
	Date of Issue		
	Licence/Permit Number		
	Country		
	Type of Certificate		
	Issued by		
	Description		
	Date of Issue		
	Licence/Permit Number		
	Country		
	Type of Certificate		
	Issued by		
	Description		
	Date of Issue		
Licence/Permit Number			
Country			
Brief company background including details of the online gaming test services offered.			

## Section 6 – Professional Indemnity Insurance

Please indicate whether the Applicant Company has Professional Indemnity Insurance.	YES / NO
Name of Insurance Company providing cover.	
Sum assured	
Date of expiry	

## Section 7– Information on policy

Does the company have a policy for ensuring its independence and for dealing with conflicts of interest	YES / NO
If YES, please enclose a copy or explain the key features of it.	
How do you ensure compliance with your independence policies?	

## Section 8 - Declaration

The Applicant Company hereby applies to the Gambling Supervision Commission for approved Test Facility status under section 2, (1), of the Online Gambling (Systems Verification)(No.2) Regulations 2007.

The undersigned Officers of the Applicant Company agree:

- to furnish any further information that the Gambling Supervision Commission may require when considering this application.
- to notify the Gambling Supervision 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 Gambling Supervision Commission

As part of the application process, the Gambling Supervision Commission will make enquiries in order to establish that the Company is under the control and management of persons of integrity and competence.

The officers of the Company hereby grant authorisation for the Gambling Supervision Commission to undertake such enquires, and to request and receive information about the 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		

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