

APPLICATION FOR A BETTING OFFICE LICENCE THE GAMING, BETTING AND LOTTERIES ACT 1988 DETAILS OF THE APPLICANT COMPANY

This form should be completed by a company who is the holder of a Bookmaker's Permit wishing to apply to the Gambling Supervision Commission (GSC) for a Betting Office Licence in accordance with the Gaming, Betting and Lotteries Act 1988 (GBL).

This form should be completed in conjunction with the GSC's Integrity Guidance for Licensed Betting Office applications.

Please complete in capital letters using black ink.

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

| Name of Applicant | |
|-------------------|--|
| Company | |

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

| Pa | rt 1 - The Applicant Permit | t Company – Holder of a Bookmaker's |
|-----|--|-------------------------------------|
| 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 | |
| 1.6 | Business Address in the Isle of Man (If different from address at 1.5) | |
| 1.7 | Company Number | |
| 1.8 | Date of corporation | |
| Pa | rt 2 – Details of Dec | signated Official / Manager of the |

Part 2 – Details of Designated Official / Manager of the applicant betting office

Please provide the name and role of each of the:

- Designated Official(s);
- Manager; and
- 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).

(Note: Any Individual holding more than one role is only required to submit one PDF).

| Full Name | Role | CSP (if applicable) | PDF Completed (✓) |
|-----------|------|------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| 2.1 – Money Laundering Reporting Officer (MLRO) | |
|---|----------|
| Name | |
| Reporting to | |
| Corporate structure attached | Yes / No |

| Part 3 — Background information to the Bookmaker's Permit holder | |
|--|----------|
| 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 |
| Cautioned for any offence | YES / NO |
| The subject of any recorded judgement | YES / NO |
| The subject of any litigation | YES / NO |
| The subject of an investigation by law enforcement or any other statutory, regulatory or government body | YES / NO |
| 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 |
| Is the applicant company part of a wider group of companies or any other style of corporate structure? | YES / NO |

Part 4 - 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 Accounts for the Applicant Company (the Bookmaker's Permit holder) for the preceding three years (or since incorporation if less than that YES / NO time), or if a start-up company, financial projections for the next 3 years An executive Business Plan A corporate structure diagram YES / NO A payments schematic diagram showing the flow of cash and other funds as outlined in the guidance notes Comprehensive details of the premises – refer to Schedule 1 paragraph YES / NO 11 of GBL Completed Personal Declaration Forms for (please tick): Designated Official(s) **MLRO**

Part 5 - Declaration

The Applicant Company hereby applies to the GSC for a Betting Office Licence under Section 15 and Schedule 1 of the Gaming, Betting and Lotteries Act 1988.

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

We agree to provide the GSC with any 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 may be 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 each of the following:

- The Gaming, Betting and Lotteries Act 1988;
- The Integrity Guidance for Licensed Betting Offices applications; and
- The Gambling (Anti-Money Laundering and Countering the Financing of Terrorism) Code 2019.

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

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 <u>Privacy Notice</u> and Integrity Guidance on the GSC website.

The Data Protection Officer can be contacted on DPO-GSC@gov.im on Tel +44 1624 694331.