



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012

PERSONAL WAIVER

PERSONAL WAIVER DECLARATION

Data Protection

The Commission requires data regarding applicants (including lead executives and beneficiaries, where necessary) for the purposes set out in the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. As a competent authority listed in Schedule 1 of the Data Protection (Jersey) Law 2018, the Commission will primarily collect and process data and special category data necessary for the exercise of its public functions.

The Commission has produced a Privacy Policy for users and an Information Note. These are available on the website at the following link - <https://www.jgc.je/data-protection>. Please read them carefully.

Please complete in BLOCK CAPITALS and in black ink

Personal Waiver – Authority for Release of Information



I, _____
(Full Name)

of _____ hereby
(Current Address)

authorise any Officer of the Jersey Gambling Commission, or any other person authorised by the Jersey Gambling Commission, to make any investigations or other enquiries as deemed necessary in respect of my application

I authorise the manager, representative or other person in charge of any Bank or other Financial or Business Institution to whom this authority is presented, to allow that person to inspect and obtain copies of any records, documents or other information held in any form, whether written or electronic, which relates to me, solely or jointly with any other party. In addition I agree to the release of any information including, but not limited to, that concerning cheque, passbook, all bank account records and similar financial records.

I authorise any police officer, law enforcement agent or other regulatory officer or any professional body or person to whom this authority is presented to provide any information about me or my personal history or any other information which is held by such persons or authorities in any form, whether in writing or electronic, and whether forming part of any criminal history or other official record regardless of the nature of the information or the date to which it relates.

A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

Signature:

Date:

Name (*print*):

Phone:

Date of Birth:

Personal Waiver