



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012

FULL PERSONAL DECLARATION FORM

TCB DIRECTORS AND KEY PERSONNEL

Please complete in **BLOCK CAPITALS** and in black ink and then return this completed form to:

The Jersey Gambling Commission, 4th Floor, Osprey House
St. Helier, Jersey, JE2 3RG



NOTES: This Personal Declaration Form can be completed by:-

- (a) Directors and/or Directors providing services through a Trust Company Business (TCB), including non-executive Directors
- (b) The Operations Managers (CEO, COO, CFO) of the Applicant Company;

The Commission reserves the right to also request any additional information from:-

- (a) any person who is otherwise involved with the Applicant Company or its Group;
- (b) all ultimate beneficiaries of the applicant company with a combined share holding of more than 5%, including trusts and nominees.

Any such findings of guilt should be declared in full on this form. By virtue of the Rehabilitation of Offenders (Exceptions) (Jersey) Regulations 2002, spent convictions, as defined in the Rehabilitation of Offenders (Jersey) Law 2001, must be disclosed. Applicants must also declare details of any convictions or findings of guilt by any court outside Jersey. A DBS or Disclosure Scotland certificate will be requested and must also be presented at the time of application.

If there is insufficient space in any section within this form, please indicate and detail on an attached separate sheet.

All questions should be answered to the best of your knowledge and where information is not known or you can not verify its validity, this should be noted.



Applicant Details

Section 1

Title:

Surname:

Forenames:

Maiden or any former name(s), aliases or common uses (*if applicable*). Please provide an explanation for any former names (*e.g. marriage, adoption, etc*):

Applicant Company:

Position held/to be held within company:

Business Telephone:

Current residential address:

Postcode:

Country:

If not resident at present address for more than 5 years, please provide last two previous addresses:

Dates	Address



Applicant Details (continued)

Home Telephone:

Mobile Number:

E-mail:

Date of birth:

Place and Country of birth:

Nationality:

National Insurance or Social Security Number:

In order to confirm identification, please provide the following: a copy of the photo page of your passport or photo driving licence **and** two recent utility bills i.e. no more than 3 months old (a bank statement is also acceptable as one of the documents). Please note the details below as follows:

Passport number or photo driving licence number:

Place and Country of issue:

Date of issue and expiry date:

Utility Bill(s)/Bank Statements enclosed (state which):

Please complete in **BLOCK CAPITALS** and in black ink



Applicant Details (continued)

Section 2

Please give details of your profession/occupation over the past 10 years, giving the names and addresses of all employers during this period and the nature and dates of employment including self employment.

Name and addresses of employers	Nature of business	Position held	Date(s) of Employment

List all directorships and company secretary roles over the past 10 years.

Company Name, Number and Jurisdiction	Date of Appointment	Address



Section 3

Business Interests *(List all shareholding(s) above 5%, including any relevant partnerships):*

Name of Entity	Percentage Held or Number of Shares



Applicant Details (continued)

Section 4

Are you, or have you been, a member of any professional body relevant to this application?

Yes

No (go to question 5)

Does this professional body have any regulatory role over the activity of its members? If so, please provide the following details *(if you are a member of other association(s), please continue on a separate sheet).*

Name

Address

Post code

Membership number

Year admitted

Have you ever been subject to any disciplinary action by any of the bodies noted above? If so, please give full details.



Applicant Details (continued)

Have you, or any body corporate, partnership or institution with which you are, or have been associated as a director, controller, company secretary, partner or shareholder ever applied for a licence to operate gambling in any jurisdiction?

If so, please list all applications providing at a minimum:- date of application, type of licence, date of grant or refusal and if the licence is current or lapsed.

Have you, or any body corporate, partnership or institution with which you are, or have been associated as a director, controller, company secretary, partner or shareholder ever applied for a licence to operate in a regulated sector (*other than gambling*)?

If so, please list all applications providing at a minimum:- date of application, type of licence, date of grant or refusal and if the licence is current or lapsed.



Applicant Details (continued)

Section 5

Have you been dismissed from any office or employment or barred from entry to any profession or occupation? If so, give full particulars (*continue on extra sheets as necessary*).

Have you ever been suspended from any office, or asked to resign? If so, give full particulars (*continue on extra sheets as necessary*).

Have you ever had any business involvement or association with a business that formed part of or was in any way involved in a police investigation or an investigation conducted by any other enforcement body? If so, give full details (*continue on extra sheets as necessary*).

Have you any reason to believe you may be subject to a pending prosecution? If so, give full particulars (*continue on extra sheets as necessary*).

Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy, en désastre, insolvency law or it's equivalent in any jurisdiction? If so, give full particulars (*continue on extra sheets as necessary*).

Have you as an individual, member of a partnership, or owner, director or officer of a corporation been associated with a business entity when it went into liquidation, receivership or was placed under some form of governmental administration or monitoring and subject to a winding up order? If so, give full particulars (*continue on extra sheets as necessary*).

The JGC may seek references for any person, entity or authority indicated within this Application Form. Completion of the Personal Waiver Form is required.

Please complete in **BLOCK CAPITALS** and in black ink

Applicant Details (continued)



Section 6

Personal Statement

The Jersey Gambling Commission requires a statement of personal solvency from every applicant as part of its due diligence and you are required to affirm that you are solvent.

I _____ (*name in full*) confirm that I am solvent, that is I am able to meet my liabilities as they become due, and my assets exceed my liabilities.

Please note that Jersey Gambling Commission may require, in certain circumstances, documentation from the applicant confirming this statement.

Date:

Signature:



Applicant Details (continued)

Section 7

Referees

Please provide the names and addresses of two referees. Neither referee must be family related or connected in any way with the applicant company. Ideally, one referee should be able to testify to your business acumen, professionalism and integrity and could be a lawyer, accountant or similar independent professional.

Name:

Address:

Postcode:

Country:

Email:

Name:

Address:

Postcode:

Country:

Email:



Applicant Details (continued)

Please supply a recent passport sized photograph. The photograph must be endorsed on the back with the words "I certify that this is a true likeness of" and signed by one of the referees.

Declaration

I certify that this declaration is complete and correct to the best of my knowledge and understand that any material falsification or omission of information is a criminal offence.

Signature

Date

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.

IMPORTANT NOTE

The information supplied within this declaration is for the purposes of assessing approval for a Licence or Permit issued under the Gambling (Jersey) Law 2012 and its Regulations and will be retained in confidence and in compliance with the requirements of the Data Protection (Jersey) Law 2018.

Individuals completing this form are warned that the discovery of any material falsification or deliberate omission of information required may result in the refusal to grant a licence and imprisonment. Pending a decision by the Commission, any changes affecting any of the information given in this application must be notified to the Commission without delay. Where material false particulars are discovered subsequent to the issue of a licence, the Commission is empowered to suspend or revoke the licence or permit.

In certain circumstances an individual may be required to complete a waiver form enabling official access to certain personal financial information as well as other documentation regarding the applicant held by third parties. The validity of waivers will not exceed the duration of the licence investigation.

The Commission retains the right to request further information if so required.

Telephone +44 (0) 1534 828540 Email: info@jgc.je



Spouse or Partner Details

Section 8

NOTE: Spouse or partner refers to any person with whom you have a personal relationship commonly recognised as being similar to and including marriage or civil partnership.

Surname and Maiden name:

Forenames:

Residential address:

Home telephone number:

Work telephone number:

Mobile number:

Present occupation

Please give details of your profession or occupation over the past 10 years, giving the names and addresses of all employers during this period and the nature and dates of employment including self employment.

Name and addresses of employers	Nature of business	Position held	Date(s) of Employment

List all directorships and company secretary roles over the past 10 years.

Company Name	Date of Appointment	Address



Spouse or Partner Details (continued)

Section 9

Business Interests (List all shareholding(s) above 5%, including any relevant partnerships):

Name of Entity	Percentage Held or Number of Shares

Declaration

I certify that this declaration is complete and correct to the best of my knowledge and understand that any material falsification or omission of information is a criminal offence.

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The Jersey Gambling Commission retains the right to request further information if so required.

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Spouse/Partner
Signature

Date