



**Jersey Gambling Commission**

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**GAMBLING (JERSEY) LAW 2012  
BOOKMAKERS LICENCE**

*PART 2 (ARTICLE 11)*

**FORM OF APPLICATION FOR A BOOKMAKERS LICENCE**

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

Jersey Gambling Commission, 4<sup>th</sup> Floor, Osprey House, 5-7 Old Street  
St. Helier, Jersey, JE2 3RG



Name of applicant:	<input type="text"/>
Company registration number: <i>(JFSC Number)</i>	<input type="text"/>
Date of incorporation:	<input type="text"/>
Address of registered office:	<input type="text"/>
Correspondence address: <i>(if different)</i>	<input type="text"/>
Full name and position of principal contact:	<input type="text"/>
Address of principal contact:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number	<input type="text"/>
Email address:	<input type="text"/>

Please complete in BLOCK CAPITALS and in black ink

Provide Details of Bookmaking Premises Locations and Responsible Person(s)



Address	Person Responsible



**Company Details**

Type of company:  
*(e.g. public/private, limited liability/shared/guarantee)*

Trading name(s):

Previous company name(s):  
*(if any)*

List all officers and senior management:

*(List all Directors, Company Secretaries and senior management of the applicant. Where applicable, list all entities who exercise influence over the business and/or operational functions of the Applicant – Continue on separate sheets if required)*

Full name:

Address:

Position:

Date of birth:

Place of birth:

Nationality:

Country of residence:

Telephone:

Office address:

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

**Company Details** (continued)



List all shareholders with 10% or more of issued capital

Name	Address	Date of Birth	Interest Percentage

**Please attach the following documents**

Memorandum of Association

Articles of Association

Corporate Structure Diagram

Management Structure Diagram

Incorporation Certificate(s)

If you cannot provide any of the above mentioned documents, please state the reason why:

Please complete in BLOCK CAPITALS and in black ink



## Corporate Details

Is the applicant part of a group of companies:  
(tick as appropriate)

YES

NO

Please provide group investors with 10% or more of beneficial capital

Company/ Individual Name	Address	Capital Percentage

Please Provide a List of Ultimate Beneficiaries:

Name	Address	Date of Birth	Place of Birth	Interest Percentage

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



**Corporate Details** (continued)

Does your business or group undertake any form of regulated business in Jersey or elsewhere?

**YES**

**NO**

If YES, please state the nature of the business and supply the name and address of the pertinent regulatory authority, together with copies of licences and conditions:

Pertinent Regulatory Authority	Address	Licensed Activity	Point of Contact

**Required Documents**

Group Corporate Structure – Please provide a full chart of the company structure, include parent and subsidiary companies, highlight percentage of ownership (*if part of a group*):

If you cannot provide any of the above mentioned documents, please state the reason why:



**Licensed Jurisdiction Details**

**Licensed Jurisdictions** *(Please list all jurisdictions in which the company/applicant is licensed to conduct remote gambling or gambling related activity)*

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:





**Financial Details**

**Auditor/Account Details**

Company/Individual Name:

Address:

Telephone:

Email:

If the applicants financial position has changed materially between the date of financial statements supplied and the date of the application, please give details:



## Financial Details

Provide details of all sources of external finance (including any facilities unused at the time of application, continue of the further information section):

Loans:	
Amount:	
Nature of the loan:	
Repayment terms:	
Interest payable:	
Loan secured (Yes/No)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Details of loan secured asset(s)	

### Required Documents (financial reporting)

Please provide a copy of your auditor's engagement letter (if applicable).

Please provide the last 2 years audited accounts or financial reports of the applicant prepared by a qualified accountant, capital accounts and audit reports.

If part of a group, please also supply group audited accounts and audit reports (if applicable).

If you cannot provide any of the above mentioned documents, please state the reason why:



**Penalties and Civil Actions**

<p>Has the applicant at any time in the previous 10 years had a receiver, administrative receiver or administrator appointed?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Has the applicant in the last 10 years failed to satisfy a debt adjudged due or a debt in respect of which a decree has been passed against it or entered into a scheme of arrangement or composition of its debts with its creditors?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Has the applicant at any time in the last 10 years been refused or had withdrawn any licence, recognition or authorisation under the legislation of any country or jurisdiction?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Has the applicant at any time in the last 10 years ever been refused or had revoked any authorisation to carry on activities in any country or jurisdiction?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Provide details of the imposition of any conditions on any licence or authorisation of the applicant to carry on business within the last 10 years?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Has the applicant ever been subject to any disciplinary measure by any regulatory body in any country or jurisdiction in relation to its activities?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Have the applicant's affairs ever been investigated by any regulatory body in any country or jurisdiction in relation to any of its activities?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Has the applicant or any of its beneficial owners, directors or senior management been criticised or disciplined in Jersey or elsewhere in the previous 10 years by any regulatory or supervisory organisation or law enforcement or professional body?</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>
<p>Please provide details of and reasons for any changes in the bankers, auditors or legal advisers to the applicant within the last 3 years.</p>	<b>YES</b>	<input type="text"/>	<b>NO</b>	<input type="text"/>

**If you answered YES to any of the questions above, please provide a full explanation and enclose copies of all relevant formal documentation.**

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

**Further Information**



Further information:

*(please supply information that you consider relevant to assist with the determination of your application)*

Please complete in BLOCK CAPITALS and in black ink

**Further Information**



Further information:

*(please supply information that you consider relevant to assist with the determination of your application)*

Please complete in BLOCK CAPITALS and in black ink

**Further Information**



Further information:

*(please supply information that you consider relevant to assist with the determination of your application)*

A large, empty rectangular box with a thin red border, intended for providing further information relevant to the application.



## Declaration

I am fully authorised by the applicant to make this application on its behalf (see certified true copy of Minute attached).

I declare that the information contained in this Application is true and accurate to the best of my knowledge and belief and that if any of the information contained in or appended to this application is discovered to be false I may be liable to prosecution.

The Jersey Gambling Commission is a data controller for purposes of the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. All information collected, used and disclosed by the Jersey Gambling Commission is for the purpose of exercising its functions as set out by and in accordance with these governing laws.

It is an offence under Article 34 of the Gambling (Jersey) Law 2012 to provide false or misleading information to the Jersey Gambling Commission. It is also an offence to withhold any information that the person knows or suspects would be used by the Jersey Gambling Commission for the purpose of exercising its functions under the Gambling (Jersey) Law 2012 and the Gambling Commission (Jersey) Law 2010.

Signature:

Name (*print*):

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.



## Notes to Applicants

The original completed application form and any attachments appended should be bound as a single document and, together with one unbound copy of the same, should be forwarded with the prescribed application fee, as set out in the Fees Notice for Class I Bookmakers, and amounts due to the Social Responsibility fund (see below) to:

Jersey Gambling Commission  
4<sup>th</sup> Floor, Osprey House,  
5-7 Old Street,  
St. Helier JE2 3RG

### Donation to the Jersey Social Responsibility Fund

It is a mandatory Licence condition for all Class I Licence holders to donate to the Jersey Social Responsibility Fund. The donation is calculated in the following manner:

- £250 per shop per annum
- £100 per gaming machine licence (type I & type II) per annum.

**Please Note:** This donation is an annual requirement. Payment to the fund must be made on or before 1st January of every year a Class I Licence remains valid. Failure to make this payment is a breach of a Licence condition and is therefore subject to regulatory sanctions that, without remedy, could lead to both a fine and the revocation of the Licence.

**Licence Fees** are payable (using applicant name or invoice number as reference) to the Jersey Gambling Commission via bank transfer to HSBC 40-25-34 – 52474700.

**Social Responsibility Fund donations** are payable (using applicant name or invoice number as reference) to the Jersey Gambling Commission via bank transfer to HSBC 40-25-34 – 32503719

### Notes

The principal purpose of seeking the information required by this Application form is to provide core factual details, thereby enabling:

- Preliminary investigations in order to ascertain the full scope of its investigations; and
- Identify where further information will need to be requested and/or required.

Additional information may be sought by way of a meeting with an officer of the Jersey Gambling Commission and/or a visit to the premises for which approval will be sought.

If any details set out on this Application form change prior to the determination of this Application, you must notify the Jersey Gambling Commission in writing as soon as reasonably practicable.

- Wherever possible, use BLOCK CAPITALS.
- All dates should be in the form of Day / Month / Year (DD / MM / YYYY).
- Answer every question, using N/A or NIL where applicable.
- Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.
- Please number, date and sign any additional attached pages to the application form.

Application processing will not commence until all initial requested documentation is received.

If you require any assistance or would like to discuss any part of the application form, please contact the Commission on +44 (01534) 828 540.