

Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012

REMOTE GAMBLING LICENCES AND PERMITS

APPLICATION FOR REMOTE GAMBLING LICENCE OR PERMIT

FORM OF APPLICATION

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



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

Name of applicant:	
Company registration number: (JFSC Number)	
Date of incorporation:	
Address of registered office:	
Correspondence address: (if different)	
Full name and position of principal contact:	
Address of principal contact:	
Telephone number:	
Email address:	

Application Form

Company Details



Type of company: (e.g. public/private, limited liability/shared/guarantee)	
Trading name(s):	
Previous company name(s):	
Primary business activity:	
List all officers and senior management: (List all Directors, Company Secretaries and senior management exercise influence over the business and/or operational functions	of the applicant. Where applicable, list all entities who 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:	

Company Details (continued)



List all shareholders with 5% or more of issued capital

Name	Address	Date of Birth	Interest Percentage			
Required Documents						
Memorandum of Associat	tion					
Articles of Association						
Corporate Structure Diag	ram					
Incorporation Certificate(s	s)					
If you cannot provide any of the above mentioned documents, please state the reason why:						

Corporate Details



Is the applicant part (tick as appropriate)	of a group	of companies:	YES		NO	
	p investors	s with 5% or more of bene	eficial capital			
Company/ Individual Name		Ad	ddress		Capital Percentage	
Please Provide a Lis	st of Ultima	te Beneficiaries:				
Name		Address	Date of Birth	Place of	Birth	Interest Percentage
	1		1			

Corporate Details (continued)



Identify all other controlle mentioned previously:	rs/interested parties not				
	oup undertake any form of sey or elsewhere other than	YES	NO		
	nature of the business and supplither with copies of licences and		f the pertinent		
Pertinent Regulatory Authority	Address	Licensed Activity	Point of Contact		
Required Documents					
Group Corporate Structur chart of the company strusubsidiary companies, higownership (if part of a group)	octure, include parent and ghlight percentage of				
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 where gambling related activity)	the company/applicant is licensed to conduct remote gambling or
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



Auditors Details	
Company/Individual Name:	
Address:	
Telephone:	
Email:	
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If the applicant's financial position has changed materi- supplied and the date of the application, please give de	ally between the date of financial statements etails:

Application Form

Financial Details



Provide details of all sources of external finance (includi	ing any facilities unused at the time of application):
Loans:	
Amount:	
Nature of the loan:	
Repayment terms:	
Interest payable:	
Loan secured (Yes/No)	YES NO
Details of loan secured asset(s)	
Required Documents	
Please provide a copy of auditors engagement letter:	
Please provide the last 2 years of audited accounts, capital accounts and audit reports:	
If part of a group, please supply group audited accounts and audit reports:	
If you cannot provide any of the above mentioned docu	uments, please state the reason why:

Penalties and Civil Actions



Has the applicant at any time in the previous 10 years had a receiver, administrative receiver or administrator appointed?	YES	NO	
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?	YES	NO	
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?	YES	NO	
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?	YES	NO	
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?	YES	NO	
Has the applicant ever been subject to any disciplinary measure by any regulatory body in any country or jurisdiction in relation to its activities?	YES	NO	
Have the applicant's affairs ever been investigated by any regulatory body in any country or jurisdiction in relation to any of its activities?	YES	NO	
Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?	YES	NO	
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?	YES	NO	
Please provide details of and reasons for any changes in the bankers, auditors or legal advisers to the applicant within the last 3 years.	YES	NO	

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

Further Information



Further Information



Further Information



Further information: (please supply information that you consider relevant to assist with the determination of your 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, information and belief that, if any of the information contained in or appended is discovered to be false, I may be liable to prosecution.	
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 certified copy of the same, should be forwarded with the prescribed application fee, as set out in the Fees Notice for Remote Gambling Operators, to:

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

NOTE: 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

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.

If the application fee required by the Commission has not already been made, it must accompany the submission of this Application form. The Commission WILL NOT begin the application until the application fee has been deposited. The Commission may require a further payment to process the application, but will not request this payment unless the application fee has been exhausted.

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) 828540.

11/23 Application Form