



**Jersey Gambling Commission**

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**GAMBLING (JERSEY) LAW 2012**  
**HOSTING SERVICES PROVIDER PERMIT**

*PART 2 (REGULATION 11)*

**FORM OF APPLICATION FOR HOSTING PROVIDER'S PERMIT**

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

The Jersey Gambling Commission, 4<sup>th</sup> 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:

Other contact:



## Company Details

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

Trading name:

Previous company names:

Primary business activity:

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:  
(inc STD)

Office address:

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



**Company Details** (continued)

List all shareholders with 5% or more of issued capital

Name	Address	Date of Birth	Interest Percentage

**Required Documents**

Memorandum of Association

Articles of Association

Corporate 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:  
(tick as appropriate)

YES

NO

Please provide group investors with 5% 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



Corporate Details (continued)

Identify all other controllers/interested parties not mentioned previously:

Does your business undertake any other 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:

Name	Address	Nature of Business	Pertinent Regulatory Authority

**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:



**Premises Details**

Address of premises for which approval is sought:

Provide details relating to the security and fire measures of the premises. include details of any third party premises monitoring:

Provide details of security/safety measures used within the equipment floor/room i.e. FM200 (HALON/ARGON/NITROGEN) fire extinguishing system:

Provide details of all key holders and staff with 24 hour access to the equipment floor/room:

Provide details relating to the premises telecommunication infrastructure, in particular redundancy systems and telecommunication lines and provide a detailed diagram:

Give details of the premises bandwidth capabilities for both inwards and outwards (*if different*) traffic:

Provide details of possible "bottlenecks" i.e. equipment not supporting full declared bandwidth in or out of the Island:



**Premises Details** (continued)

**Required Documents**

Location map:

Detailed plans of the layout of the premises:

Copies of planning consents authorising the use of the premises for the purpose envisaged (*if applicable*):

Copy of the premises lease or ownership:

Provide a copy of the premises insurance certificate(s) and conditions:

Provide a year bandwidth analysis report. Include in the report at a minimum, pipe capacity, usage, and monitoring points. If multiple pipes/lines provide individual reports. statistics are to be grouped on a monthly basis:

Provide detailed individual report(s) of network downtime/major disruptions for the last 3 years, include problem descriptions and solutions:

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





**Financial Details**

**Auditors Details**

Company/Individual Name:

Address:

Telephone:  
*(inc STD)*

Fax:  
*(inc STD)*

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):

Loans:					
Amount:					
Nature of the loan:					
Repayment terms:					
Interest payable:					
Loan secured (Yes/No)	<table border="1"><tr><td>YES</td><td><input type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr></table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
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 documents, 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?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
Has the applicant ever been subject to any disciplinary measure by any regulatory body in any country or jurisdiction in relation to its activities?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
Have the applicant's affairs ever been investigated by any regulatory body in any country or jurisdiction in relation to any of its activities?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
Please provide details of and reasons for any changes in the bankers, auditors or legal advisers to the applicant within the last 3 years.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

**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)*

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



## 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 one unbound copy of the same, should be forwarded with the prescribed initial probity payment of £500 to:

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

**NOTE: Please make cheques payable to the JERSEY GAMBLING COMMISSION or by bank transfer to HSBC 402534 – 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 possibly, 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.

If the deposit of investigation monies has not already been made, it must accompany the submission of this 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 (0)1534 828540.

Please number, date and sign any additional attached pages to the application form.