



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012

PERSONAL DECLARATION FORM

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

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



NOTES:

A Personal Declaration Form must be completed by the following persons:

- Directors (including those supplied by a Trust Company Business)
- Shareholders holding 5% or more of the Applicant Company/Licensee and/or Ultimate Parent Company
- Ultimate beneficial owner
- Compliance Officer
- MLRO
- Additional for Class I Bookmakers: the Area Manager, and individuals who have oversight of the Jersey operation (not otherwise covered above)

The Commission reserves the right to require a Personal Declaration Form is completed by:

- Senior Officials eg CEO, CFO, CTO, COO
- All ultimate beneficial owners of the Applicant Company/Licensee with a shareholding of 5% or more, including trustees and nominees
- Any person otherwise involved with the Applicant Company/Licensee

Note: Section 6 does not need to be completed by Compliance Officers, MLROs, Directors supplied by a Trust Company Business, Area Managers, Key Personnel or Senior Officials

Any convictions 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 certificate will be requested and must also be presented at the time of the 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.

It is a criminal offence under Article 34 of the Gambling (Jersey) Law 2012 if information provided in this form is materially false or misleading.

The JGC may seek references for any person, entity or authority indicated within this Application Form.



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/Licensee:

Position held/to be held within company:

If part time, indicate number of hours per week:

Current residential address:

Postcode:

Country:

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

Dates	Address

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



Applicant Details (continued)

Business Telephone:	<input type="text"/>
Home Telephone:	<input type="text"/>
Mobile Number:	<input type="text"/>
E-mail:	<input type="text"/>
Business e-mail:	<input type="text"/>
Date of birth:	<input type="text"/>
Place and Country of birth:	<input type="text"/>
Nationality:	<input type="text"/>
National Insurance or Social Security Number:	<input type="text"/>

In order to confirm identification, please provide the following: a copy of the photo page of your passport **and** two recent utility bills (excluding mobile phone bills) i.e. no more than 3 months old (a bank statement is also acceptable as one of the documents).

The passport copy must be certified by an independent individual who is not family related and the certifier should state "I certify that this is a true copy of the original passport of [individual's name] presented to me on [date], and the photo is a true likeness of [individual name]". The certifier should sign and date the copy and print their name.

Please note the details below as follows:

Passport number :	<input type="text"/>
Place and Country of issue:	<input type="text"/>
Date of issue and expiry date:	<input type="text"/>
Utility Bill(s)/Bank Statements enclosed (state which and the date thereof):	<input type="text"/>

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, Jurisdiction and Nature of Activity	Date of Appointment and Resignation	Address

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

Applicant Details (continued)



Section 3

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

Name of Entity, Number, Jurisdiction and Nature of Activity	Percentage Held



Applicant Details (continued)

Section 4

Are you, or have you been, a member of any professional body?

Yes

No (go to section 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 professional body(s), please continue on a separate piece of paper).

Name of professional body

Address

Post code

Website address

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.

Please complete in BLOCK CAPITALS and in black ink



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:- name of licensing authority, 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:- name of licensing authority, 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 ever 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 its 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 ever 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*).

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



Applicant Details (continued)

Have you ever been involved, or are you currently involved, as a party (i.e. not as counsel or as a witness), in any litigation or are you aware of any pending involvement in litigation if not in the usual course of business? If so, give full particulars (*continue on extra sheets as necessary*).

Have you ever been unable to satisfy any debt adjudged due and payable, as a judgement-debtor, under an order of the court, in Jersey or other jurisdiction? If so, give full particulars (*continue on extra sheets as necessary*).

Please complete in BLOCK CAPITALS and in black ink



Applicant Details (continued)

Section 6

Note: Section 6 does not need to be completed by Compliance Officers, MLROs, Directors supplied by a Trust Company Business, Area Managers, Key Personnel or Senior Officials

Financial Information

State the sources and amounts over the past five years of all your gross income and other benefits received for your use or disposal (whether received in money or in kind) whether as a result of your employment or association with any company, partnership, joint venture, business or otherwise.

List each calendar year separately and include full details and addresses of sources.

Year	Source & Amount

Please complete in BLOCK CAPITALS and in black ink



Applicant Details (continued)

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)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Details of loan secured asset(s)	

List your total assets and liabilities. If you are in default on any of the liabilities include full details:

<u>Statement of Assets</u>	<u>Statement of Liabilities</u>

Please complete in BLOCK CAPITALS and in black ink

Applicant Details (continued)



Section 7

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

Date:

Signature:

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



Applicant Details (continued)

Section 8

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/Licensee. Ideally, one referee should be able to testify to your business acumen, professionalism, honesty and integrity and could be a lawyer, accountant or similar independent professional.

Name:

Address:

Postcode:

Country:

Email:

Name:

Address:

Postcode:

Country:

Email:

Please complete in BLOCK CAPITALS and in black ink



Applicant Details (continued)

Declaration and waiver

I _____ (*name in full*) 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 under Article 34 of the Gambling (Jersey) Law 2012.

I agree to provide details of any changes to information in this form to the Commission without delay.

I 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

NOTE: The validity of waivers will not exceed the duration of the licence investigation.

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

Applicant Details (continued)



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 any material falsification or deliberate omission of information required may result in the refusal to grant a licence or permit, as well as a potential penalty of a fine 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 or permit, the Commission is empowered to suspend or revoke the licence or permit.

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 9

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:

Note: If you are a Compliance Officer, MLRO, Director supplied by a Trust Company Business, Area Manager, Key Personnel or Senior Official, your spouse only needs to complete the below sections of the form in relation to interests in, or services to, a gambling operator based anywhere in the world. Otherwise, details are required of all interests etc whether gambling related or not.

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, Number, Jurisdiction and Nature of Activity	Date of Appointment and Resignation	Address



Spouse or Partner Details (continued)

Section 9

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

Name of Entity	Percentage Held

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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Spouse/Partner
Signature

Date