

Please complete in BLOCK CAPITALS and in black ink

Corporate Waiver – Authority for Release of Information



We, _____
(Company Name)
of _____ hereby
(Current Address)

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

We 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, 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.

We authorise any police officer, law enforcement agent or other regulatory officer to whom this authority is presented to provide any 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 on behalf of:

Date:

Name (*print*):

Position in company:

Date of Birth: