



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012
REMOTE GAMBLING LICENCES AND PERMITS

APPLICATION FOR REMOTE GAMBLING DISASTER RECOVERY LICENCE

FORM OF APPLICATION

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



Name of applicant:

Company registration 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(s):

Previous company name(s):

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 **LAOM1** form)

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

Corporate Structure Diagram

Incorporation Certificates

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 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 or group undertake any form of regulated business in Jersey or elsewhere other than gambling?

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 where 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:

Please complete in BLOCK CAPITALS and in black ink

Financial Details



Required Documents

Please provide a copy of the last audited accounts, capital accounts and audit reports:

If part of a group, please supply group audited accounts:

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?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?	YES	<input type="checkbox"/>	NO	<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?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have there been any changes in the bankers, auditors or legal advisers of the applicant within the last 3 years.	YES	<input type="checkbox"/>	NO	<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



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(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.

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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:

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 to:

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



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.

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 Head of Legal on +44 (01534) 828540.

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