

# Jersey Gambling Commission

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5-7 Old Street, St. Helier  
Jersey, JE2 3RG  
Tel: +44 (0)1534 828540



## TEST HOUSE APPLICATION FOR APPROVAL

This application form is to be completed by all organisations applying for approval to undertake testing of games, gaming machines, remote and other systems used for terrestrial or online gambling. In order to qualify for approval applicants must be accredited, at a minimum, to BS EN ISO 17025 and the scope of their accreditation must be sufficient to allow them to test to the appropriate technical standards. This will need to be confirmed by the independent accreditation body (e.g. UKAS in the UK).

If you have any queries about the application form and how to complete it, please contact the Commission on +44 1534 828540 or [info@jgc.je](mailto:info@jgc.je)

### Section 1 – Contact Details

- 1 Name of the designated contact responsible for this application. All future correspondence relating to the application will be directed to this address.

Title	
First name(s)	
Surname	
Building name	
Building number	
Street	
Town/city	
Postcode	
Country	
Office phone number (including area code)	
Daytime phone number (including area code)	
Email	

## Section 2 – Organisation Details

2 Name of organisation (registered entity, individual or other)

2a Website address of organisation

3 Trading name (if different from above)

4 Has the organisation ever been known by another name (company name changes, aliases and previous names)?

Yes

No

4a If YES, please provide details below:

Other known name(s)

Date from

Date to

5 Type of organisation (Cross (X) one box only)

Private Limited Company

Public Limited Company

Partnership

Other (specify below)

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6 If the organisation is a registered business, complete the following:

Registration number

Country of registration

Building name

Building number

Street

Town/city

Postcode

Country

7 If the organisation does not have a registered office or the head office is different from the registered address, complete the following in respect of the head office:

Building name

Building number

Street

**Section 2 – continued**

Town/city

Postcode

Country


### Section 3 – Management, Owner and Organisational details

8 Please provide details of all relevant certificates of accreditation/licences/permits held by the organisation. This includes BS EN ISO 17025, and approvals from other gambling regulators to test games, gaming machines, remote systems etc.

8a Type of certificate	
Issued by	
Description	
Date of issue	
Licence/permit number	
Country	

8b Type of certificate	
Issued by	
Description	
Date of issue	
Licence/permit number	
Country	

8c Type of certificate	
Issued by	
Description	
Date of issue	
Licence/permit number	
Country	

Please provide further details on a separate sheet if required.

9 What accreditation are you applying for?

*Gaming Machines*

Type I <input type="checkbox"/>	Type II <input type="checkbox"/>
Category 1-4 <input type="checkbox"/>	

*Server based or server assisted equipment/software*

Server networked and/or downloadable gaming software or machine(s)	<input type="checkbox"/>
Remote Gambling Systems	<input type="checkbox"/>
Wireless gaming machine systems	<input type="checkbox"/>
Cashless gaming machine payment systems	<input type="checkbox"/>

10 List the address of all premises currently in use to operate or deliver testing services relevant to this application:

10a Building name	
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**Section 3 – continued**

Building number	
Street	
Town/city	
Postcode	
Country	
Phone number (including area code)	

10b

Building name	
Building number	
Street	
Town/city	
Postcode	
Country	
Phone number (including area code)	

10c

Building name	
Building number	
Street	
Town/city	
Postcode	
Country	
Phone number (including area code)	

11 In the following question, please provide details of all individuals (e.g. shareholders, directors, partners, senior managers and above) who are the ultimate beneficiaries or who are responsible for the ongoing operation of the entity/organisation/business.

11a

First name(s)	
Surname	
Role	
Date of birth	
Equity percentage	

Major investor, owner or partner	<input type="checkbox"/>	Overall strategy and delivery of services	<input type="checkbox"/>
Financial planning control and budgeting	<input type="checkbox"/>	Technical Director	<input type="checkbox"/>
Compliance Director	<input type="checkbox"/>	Quality control	<input type="checkbox"/>

**Section 3 – continued**

11b	First name(s)	
	Surname	
	Role	
	Date of birth	
	Equity percentage	

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Major investor, owner or partner         | <input type="checkbox"/> | Overall strategy and delivery of services | <input type="checkbox"/> |
| Financial planning control and budgeting | <input type="checkbox"/> | Technical Director                        | <input type="checkbox"/> |
| Compliance Director                      | <input type="checkbox"/> | Quality control                           | <input type="checkbox"/> |

11c	First name(s)	
	Surname	
	Role	
	Date of birth	
	Equity percentage	

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Major investor, owner or partner         | <input type="checkbox"/> | Overall strategy and delivery of services | <input type="checkbox"/> |
| Financial planning control and budgeting | <input type="checkbox"/> | Technical Director                        | <input type="checkbox"/> |
| Compliance Director                      | <input type="checkbox"/> | Quality control                           | <input type="checkbox"/> |

11d	First name(s)	
	Surname	
	Role	
	Date of birth	
	Equity percentage	

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Major investor, owner or partner         | <input type="checkbox"/> | Overall strategy and delivery of services | <input type="checkbox"/> |
| Financial planning control and budgeting | <input type="checkbox"/> | Technical Director                        | <input type="checkbox"/> |
| Compliance Director                      | <input type="checkbox"/> | Quality control                           | <input type="checkbox"/> |

11e	First name(s)	
	Surname	

**Section 3 – continued**

Role	
Date of birth	
Equity percentage	

Major investor, owner or partner	<input type="checkbox"/>	Overall strategy and delivery of services	<input type="checkbox"/>
Financial planning control and budgeting	<input type="checkbox"/>	Technical Director	<input type="checkbox"/>
Compliance Director	<input type="checkbox"/>	Quality control	<input type="checkbox"/>

11f First name(s)	
Surname	
Role	
Date of birth	
Equity percentage	

Major investor, owner or partner	<input type="checkbox"/>	Overall strategy and delivery of services	<input type="checkbox"/>
Financial planning control and budgeting	<input type="checkbox"/>	Technical Director	<input type="checkbox"/>
Compliance Director	<input type="checkbox"/>	Quality control	<input type="checkbox"/>

12 In the following table, please provide details of corporate shareholder/trust or other organisations who are involved in the ownership and/or responsible for the ongoing operation of the entity/organisation/business making this application.

12a Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	
Street	
Town/city	

**Section 3 – continued**

Postcode	
Country	

12b Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	
Street	
Town/city	
Postcode	
Country	

12c Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	
Street	
Town/city	
Postcode	
Country	



**Section 3 – continued**

12d Company name  
Date when became involved with entity  
Date of incorporation  
Equity share


Contact details:

Title  
First name(s)  
Surname  
House name  
House number  
Street  
Town/city  
Postcode  
Country


12e Company name  
Date when became involved with entity  
Date of incorporation  
Equity share


Contact details:

Title  
First name(s)  
Surname  
House name  
House number  
Street  
Town/city  
Postcode  
Country


12f Company name  
Date when became involved with entity  
Date of incorporation  
Equity share


**Section 3 – continued**

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	
Street	
Town/city	
Postcode	
Country	

12g Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	
Street	
Town/city	
Postcode	
Country	

12h Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	

**Section 3 – continued**

Surname	
House name	
House number	
Street	
Town/city	
Postcode	
Country	

12i Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	
Street	
Town/city	
Postcode	
Country	

12j Company name	
Date when became involved with entity	
Date of incorporation	
Equity share	

Contact details:

Title	
First name(s)	
Surname	
House name	
House number	

**Section 3 – continued**

Street	
Town/city	
Postcode	
Country	

13 Is the entity subject to any current, pending, or previous investigation in the last five years by any statutory, regulatory or government body in respect of any gambling licence, certificate, permit or application? If YES, please provide details below (please continue on a separate sheet if necessary):

13a Date	
Statutory or regulatory body/department Investigating officer	
Investigating officer contact number	
Reference/Licence number	
Country	

13b Date	
Statutory or regulatory body/department Investigating officer	
Investigating officer contact number	
Reference/Licence number	
Country	

13c Date	
Statutory or regulatory body/department Investigating officer	
Investigating officer contact number	
Reference/Licence number	
Country	

14 Has the entity or any of its directors, partners or officers ever been found liable under the criminal or civil laws of the Bailiwick of Jersey or any other jurisdiction. If YES, please provide the details below. Also provide details if charged with an offence but awaiting trial, or under investigation for an offence within the last 5 years:

**Section 3 – continued**

14a	Offence(s)	
	Date of conviction or action(s)	
	Penalty	
	Location/court	
	Country	

## Section 4 – Financial Information

Please provide a copy of your:

- Three years of audited accounts
- Professional indemnity insurance

15 Have you completed and attached the required financial evidence?

Yes

No

I/We certify that the Directors (or equivalent) have a reasonable expectation that the entity has adequate resources to continue in operational existence for the foreseeable future.

First name(s)

Surname

Signed

Position in organisation

First name(s)

Surname

Signed

Position in organisation


**Section 5 – Information on Policy**

16 Does the entity have a policy for ensuring its independence and for dealing with conflicts of interest?

Yes

No

16a If YES, please enclose a copy or explain below the key features of it:

17 If no, how do you ensure compliance with your independence policies?

**Section 6 – Other Information**

18 Is there any other information, which you believe the department would reasonably expect notice of or you would like the department to take into account when considering this application?

Yes

No

18a If YES, please provide details below or attach any relevant documents to the application:



## Section 7 – Declaration

### The following declaration must be signed in all cases:

- a) If the organisation is an individual, by that individual;
- b) If the application is made on behalf of a partnership, by all individuals who are partners;
- c) If the organisation is a company, by both the company secretary and a director (who is not also the secretary of the company);
- d) In any other case, by a duly authorised officer of the organisation.

Should the information provided in relation to this application form cease to be correct, it is the organisation's responsibility to advise the Commission immediately. Failure to do so could result in any approval subsequently issued being reviewed and possibly revoked.

The Commission may require confirmation or further information from third parties in respect of any evidence or documentation I/we have provided in support of this application. I/We agree to grant authorisation to the Jersey Gambling Commission officers to request and receive information about me/us from those third parties. (See also information sharing letter).

I/We agree to provide authority for the Jersey Gambling Commission to obtain bank references (status enquiries).

I/We understand that any misrepresentation or failure to reveal information or grant any authorisation requested may be deemed sufficient cause for the refusal or revocation of approval.

I/We certify to the best of my/our knowledge and belief that the information given in this application is complete and correct in every respect.

a	First name(s)	
	Surname	
	Signed	
	Position in organisation	
	Date	

b	First name(s)	
	Surname	
	Signed	
	Position in organisation	
	Date	

c	First name(s)	
	Surname	
	Signed	
	Position in organisation	
	Date	

**Section 7 – continued**

d	First name(s)	
	Surname	
	Signed	
	Position in organisation	
	Date	

e	First name(s)	
	Surname	
	Signed	
	Position in organisation	
	Date	

## Section 8 – Form Enclosures

Please indicate which enclosures have been attached. Please cross (X) box.

Copy of related licences, permits, accreditation held by the organisation

Copies of annual or audited accounts

Copies of independence policy documents.

Copy of professional indemnity insurance

Note: Failure to provide enclosures will cause delay and may result in refusal of your application.

### 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.