



INDIVIDUAL AFFIDAVIT OF TRUTH

Applicant's Name

John Doe

_____, being duly sworn according to law deposes and says:

1. I hereby swear (or affirm) that the information contained herein and accompanying this application is true.
2. I personally supplied and reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. That any document accompanying this Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, this application may be denied.

Applicant's Signature

(SIGNATURE)

John Doe

Applicant's Name

(TYPE, STAMP OR PRINT NAME)

Insert Date

(DATE)

On this 27 day of December 2019, before me, the undersigned notary public, personally appeared John Doe (name of document signer), proved to me through satisfactory evidence of identification which was Passport or ID No. 00001111, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

(Signature of Notary)

Initial/Date _____

To be completed by Notary Public, Justice of Peace or Commissioner of Oath.



INDIVIDUAL RELEASE AUTHORIZATION

To All Courts, Departments, Services, Boards, Employers, Educational Institutions, Banks, Financial and Other Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies, without exception, both foreign and domestic (the “issuing entity”).

I, John Doe Applicant's Name have authorized the
(Print Name)

Gaming Authority of Guyana to conduct a full investigation into my background and activities.

I acknowledge that the Authority may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Authority in connection with my application filed with the Authority.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Gaming Authority, provided that he or she certifies to you that I have an application pending before the Gaming Authority or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Authority and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Gaming Authority.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _____ Applicant's Signature
(Signature of Applicant)

John Doe Applicant's Name
TYPE, STAMP OR PRINT NAME

On this 27 day of December 2019, before me, the undersigned notary public, personally appeared John Doe (name of document signer), proved to me through satisfactory evidence of identification which was Passport/ID No., to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

(Signature of Notary)

To be completed by Notary Public, Justice of Peace or Commissioner of Oath