



INSTRUCTION GUIDE

Completing the Renewal Good Standing Application – Form GGA 4

Form GGA 4 must be completed by an Individual or Company applying for a Renewed Gaming or Betting Shop License from the Guyana Revenue Authority (GRA).

Answer every question completely. Do not leave blank spaces.

SECTION A: BUSINESS INFORMATION

A1. Business Name: *Fill in the name exactly as it appears on the Certificate of Registration.*

A2. Business Address: *Fill in the address at which gaming activities are conducted including lot number, street address, town or village of the business.*

A3. Business Owner: *Fill in the name of the person(s) or entity whose name(s) appear on the Certificate of Registration.*

A4. Business Contact details: *If there has been any change in the mailing address, telephone and fax numbers or E-mail address of the business during the past 12 months, fill in the details. If no changes, please check No .*

A5. Business Ownership – *If there has been any change of a Partner with 25% or more ownership in the business during the past 12 months, please provide the details. For example, addition or resignation of a partner. If no change, please check No .*

A6. Business Financial Position – *If there has been any substantial change to the financial status of the business please provide the details in the form provided. For example, insolvency etc. If there is no significant change in the financial position, please check No .*

A7. Business Litigation: *If there has been any pending regulatory or legal matter against the business please provide the details in the form provided. If there is no pending legal matter, please check No .*



A8. Give details about the measures you have taken to protect the business from money laundering

*A9. – A10. **Responsible Gaming:** Give details about the measures you have taken to prohibit underage gambling and to discourage compulsive gambling in the business.*

A11. Give details in relation to all AML training provided to employees during the past 12 months. Please provide the necessary documentation to confirm that the stated training exercise took place. For example, a copy of a signed and dated Employee Training Log.

A12. Please indicate whether the business has been unable to pay a winning or prizes due to a customer, during the past 12 months.

A13. Give details of how many player complaints the business has received during the past 12 months. If no player complaint, please check No . If otherwise, please give details about the outcome of each complaint.

SECTION B: PERSONAL HISTORY

B1. Details of Applicant:

***First and Last Name:** Your legal first and last names, as they appear on your Identity document(s).*

***Former/Other names:** Please fill in any name that you also may have been known by, for example your maiden name or aliases.*

***Date of Birth:** Fill in the day, month and year of your birth.*

***Place of Birth:** Fill in the village or town where you were born, for example, Georgetown.*

B2. Contact, Marital and Occupation Information: *If there has been any change in your contact details, marital status or occupation during the past 12 months, please provide the details. If no change, please check No .*

B3. Passport and ID Details: *Fill in the Passport or ID card numbers as issued by the Issuing authorities, for example, Passport office of Guyana and Guyana Elections Commission.*



Place of Issue: Fill in where your passport and ID card were issued.

Date of Issue/Expiration: Fill in the day, month and year when the passport or ID was issued and will expire.

B4. Residential Address Information: If there has been any change in your residential address during the past 12 months, please provide the necessary details. If no change, please check No .

B5. Income Tax Details: If you missed filing your Income Tax, **DO NOT** leave blank, please provide a written explanation giving reason(s) for not filing your Income tax with the GRA.

B6. Statement of Assets and Liabilities: fill in the required information in statement of assets/liabilities section; afterwards calculate your total net worth, by subtracting your total liabilities from your total assets.

B7. Confirmation of Source(s) of Funds: Check the appropriate box(es), indicating the origin of your wealth. For example, Source: Active business/company

Name of business: ABC Ltd.

Business activities: Sports betting

Income earned: Profession: Business owner

Name of employer: ABC Ltd

B8. Declarations: Please answer each question truthfully. If you answer "yes" to question (I), please list each arrest and/or conviction on an attached sheet of paper. Include the month and year of each incident and the outcome.

Individual Release Authorization and Affidavit of Truth: The forms must be completed for each applicant and signed before a Notary Public, Justice of Peace or Commissioner of Oath. (Sample Attached)

NOTE: Providing false or inaccurate information may result in denial of your application.