



GAMING AUTHORITY

RENEWAL APPLICATION FOR CERTIFICATE OF GOOD STANDING Retailer Form

For Official Use Only	
Reference Number	
Date Received	
Associated Agency	

APPLICATION INSTRUCTIONS

Please Read Carefully Before Completing This Form

1. This form must be completed by all applicants seeking to obtain a Gaming Certificate of Good Standing for its business registered/incorporated under the under the Guyana Business Names (Registration) Act Chapter 90:05/the Companies Act Chapter 89:0.
2. Type or print in BLOCK LETTERS and answer ALL questions.
3. If a question does not apply, please write "N/A", and state "NIL" if there is nothing to disclose in response to a question.
4. In those sections of the form where there is insufficient space to answer a question, use an attachment page and, be sure to include the question number on each page.
5. This form must be completed in English. All documents which are enclosed with this form must be in English or be accompanied by a certified English translation.
6. Wherever a document is required to be submitted as a "certified copy" to the Gaming Authority, certification is accepted by the following: A **Notary Public, Justice of Peace or Commissioner of Oath**.
7. All dates should be completed in the form: Day/Month/Year
8. The use of white-out or over-writing is not permitted. To correct a mistake, please draw a line through to cross out the error and initial the change.
9. Please note that the application can only be accepted and processed if the form is properly completed, dated and signed and accompanied by all required documents as listed in Section "F" of this form. The only exception is the Police Clearance, which may be submitted separately, but before completion of the application process. Original forms must be used; photocopies are not acceptable.
10. A non-refundable processing fee of **G\$10,000** should accompany this application.

RETAILER RENEWAL GOOD STANDING APPLICATION

SECTION A: BUSINESS INFORMATION

A1. Full Registered Name of Business (<i>Name as it appears on Certificate of Registration</i>)			
A2. Address of Principal place of Business:			
A3. Name of Business Owner(s)			
A4. During the past 12 months, has there been any change in the telephone number, Fax number, E-mail address of the Business?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	
		If you answered yes, please provide details below.	
A5. During the past 12 months, has there been any change of Owner, Partner or Applicant of the Business?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	
		If you answered yes, please provide details below.	
		If the applicant has changed, Section B of Form GGA1 must be completed and submitted.	
Name	% Ownership	Name	% Ownership

Please tick here if there is more information on an attached page.

Business Entity Litigation			
<p>A6. During the past 12 months, has there been any pending regulatory or legal action by or against the Business?</p>		<p>YES <input type="checkbox"/> / NO <input type="checkbox"/></p> <p>If you answered yes, please provide details below.</p>	
Case/File No.	Nature of Charge/Action	Jurisdiction	Outcome

Please tick here if there is more information on an attached page.

SECTION B: PERSONAL HISTORY

B1. Details of Applicant					
Legal Surname			PASSPORT PHOTO		
Legal First Name					
Former/Maiden/Other names or aliases					
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (Day/Month/Year)		
Place of Birth			Country of Birth		

Personal Identity and Address			
B2. During the past 12 months, has there been any change in your contact information or occupation?	YES <input type="checkbox"/> / NO <input type="checkbox"/> If you answered yes , please provide details below in addition to evidence new residential address.		
B3. Identity Details			
	Passport	National ID Card/Driver's License	
Issuing country			
Document number			
Place of issue			
Date of issue			
Date of expiration			
B4. During the past 12 months, has there been any change in your residential address?	YES <input type="checkbox"/> / NO <input type="checkbox"/> If you answered yes , please provide details below in addition to evidence new residential address in accordance with Section F: No.8.		
Residential Address	From (MTH/YR)	To (MTH/YR)	
B5. Pursuant to Section 60 of the Income Tax Act Chapter 81:01 of Guyana, have you filed income Tax Return with the Guyana Revenue Authority (GRA) during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/> If you answered yes , please provide copies of your income Tax Return. If no , give an explanation of why.		

Please tick here if there is more information on an attached page.

INTEGRITY: Arrests, Convictions and Litigation	
B6. Declarations	
Please note that if you answer “yes” to any of the questions from 6 (I) to 6 (VI), you must provide a detailed explanation on an attached page.	
I). Have you been arrested, charged, convicted, found guilty or been expunged of any offence(s) against the law in Guyana or any country, during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
II). Have you been sentenced to serve a period of time in detention or been in probation, during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
III). Have you been under investigation by any law enforcement agency or tax authority in any country, during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
IV). Have you had a judgment entered against you, during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
V). Have you been involved in any bankruptcy, insolvency or liquidation, during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
VI). Have you been affiliated or significantly involved with any other business as a partner, during the past 12 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>

Please tick here if there is more information on an attached page

SECTION C: CEO’s Statement - Gaming Authority	
I confirm that the appropriate KYC and Compliance Reviews have been completed. Accordingly, I can confirm that I am satisfied that the following applicant is a person of integrity.	
Applicant’s Full Name	
CEO’s Full Name	
CEO’s Signature	
Date	



INDIVIDUAL AFFIDAVIT OF TRUTH

_____, 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.

(SIGNATURE)

(TYPE, STAMP OR PRINT NAME)

(DATE)

On this ___ day of _____ 20__, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification which was _____, 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 _____



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, _____ 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: _____
 (Signature of Applicant)

 TYPE, STAMP OR PRINT NAME

On this ____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification which was _____, 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)

Required Documentation

The following documents are required for Renewal of Good Standing Certificate:

1. Application
2. Certified copy of current Certificate of Registration
3. Certified copy of General Shop/Liquor or Trade License (*if applicable*)
4. Certified coloured copy of a current Passport BIO page, valid National ID card or another government-issued photo identification
5. Original passport-size coloured photograph, taken within the last six (6) months
6. Certified copy of Income Tax Returns
7. Original Police Clearance, not older than six (6) months
8. Original or certified copy of evidence of residential address (recent utility bill, lease agreement, bank/credit card statement, or TIN Certificate issued within the last 3 months). Proof of address documents **MUST NOT** be older than 3 months (if applicable)