



GAMING AUTHORITY

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**, unless otherwise instructed
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. If the name on the Certificate of Registration is different from the name of the applicant, a valid notarized lease/rental agreement or an original letter of authorization from the registered owner(s) giving permission the applicant to use the Certificate of Registration, act and conduct business on his/her behalf or to run a business in the property is required.
10. 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.
11. A non-refundable processing fee of **G\$10,000** should accompany this application.

RETAILER GOOD STANDING APPLICATION

SECTION A: BUSINESS INFORMATION

A1. Full Registered Name of Business *(Name as it appears on Certificate of Registration)*

A2. Trading Name *(Name as it appears on Business/Shop sign):*

A3. Address of Principal place of Business:

A5. Name of Business Owner(s)

A6. Business Telephone number:

A7. Business Fax number:

A8. Business Email:

A9. Business Website address:

A10. Business Formation

Registration of Business

Date: _____ D/M/YYYY

Place: _____

Indicate type of legal Business Entity

Sole Proprietorship Partnership

Corporation Other

Tax ID Number: _____

List all owners and partners in the Business Entity.

Name	% Ownership	Name	% Ownership

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. Passport Details – If you hold multiple passports, all passport details must be provided		
	Passport 1	Passport 2
Issuing country		
Passport number		
Place of issue		
Date of issue		
Date of expiration		

National identity card or Driver's License number and issuing country

No. Country

B3. Physical Description		
Height: _____ cm/ft. in.	Weight: _____ kgs/lbs	Colour of eyes:
Colour of hair:	Complexion:	Distinguish marks:

B4. Residential Addresses			
List all addresses where you have lived for the last five (5) years, including your present address. Residences should include, without limitation, any place where you have lived for a period of 6 months or more			
Residential Address	From (MTH/YR)	To (MTH/YR)	
Occupancy Status of Current Home Address	Owner <input type="checkbox"/>	Renting <input type="checkbox"/>	Living with Parents/Partner <input type="checkbox"/>

Details of Your Family

B5. Details of Spouse			
Surname/Family name		First/Given name	
Place of Birth	Country of Birth	Date of Birth (Day/Month/Year)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Spouse's Occupation		Spouse's Residential Address	

B6. Details of your Father		
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence

B7. Details of your Mother		
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence

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

B8. Details of your children (including biological, adopted and step-children)		
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
B9. Details of your brothers and sisters (including half, step and adopted brothers and sisters)		
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name		First/Given name
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence

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

B10. Give details of your employment history during the last five (5) years					
From (Mth/Yr)	To: (Mth/Yr)	Occupation	Name of Employer	Location	Type of Business

INTEGRITY: Arrests, Convictions and Litigation

B11. Declarations

Please note that if you answer “yes” to any of the questions from 11(I) to 11(VI), you must provide a detailed explanation on an attached page.

I). Have you ever been arrested, charged, convicted, found guilty or been expunged of any offence(s) against the law in any country?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
II). Have you ever been sentenced to serve a period of time in detention or been in probation?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
(III). Have you ever been under investigation by any law enforcement agency or tax authority in any country?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
(IV). Have you ever had a judgment entered against you?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
(V). Have you ever been involved in any bankruptcy, insolvency or liquidation?	YES <input type="checkbox"/> / NO <input type="checkbox"/>

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

SECTION C: Gaming Authority CEO’s Statement

I confirm that the appropriate “Fit and Proper” person checks 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 must accompany your certificate of Good Standing application:

1. Application
2. Certified copy of Business Registration
3. Certified copy of General Shop/Liquor or Trade License
4. Certified coloured copy of a current Passport BIO page showing name, photo, citizenship/nationality, date and place of issue, expiry date, passport number, issuing country and signature
5. Original passport-size coloured photograph, taken within the last six (6) months
6. Certified coloured copy of National ID card or another government-issued photo identification
7. Certified coloured copy of TIN Certificate
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.
9. Certified copy of Income Tax Returns, Tax Liability Clearance or valid GRA Compliance Certificate
10. Original Police Clearance, not older than six (6) months.
11. Original or copy of Agency/Retailer Agreement

The Gaming Authority in carrying out its “Fit and Proper” assessment, retains the right to request for additional information from the applicant, as it deems appropriate.