



GAMING AUTHORITY

APPLICATION FOR GAMING LICENSE/ CERTIFICATE OF GOOD STANDING

BUSINESS ENTITY DISCLOSURE FORM

For Official Use Only	
Reference Number	
Date Received	

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. A Personal History Disclosure (PHD) in addition to the Individual Affidavit of Truth and Release Authorization must be completed by each director, chief executive officer and all persons with twenty-five (25%) percent or more ownership interest in the Business.
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 "I"** of this form. The only exceptions are Police Clearances, which may be submitted separately. Original forms must be used; photocopies are not acceptable.
11. A non-refundable processing fee of **G\$10,000** should accompany this application.

GOOD STANDING APPLICATION

SECTION A: BUSINESS ENTITY INFORMATION

A1. Full Registered Name of Business Entity <i>(Name as it appears on Incorporation Document)</i>		
A2. Trading Name (if different):		
A3. Address of Registered Office:		
A4. Address of Principal place of Business Entity:		
A5. Mailing Address <i>(if different from principal address)</i>		
A6. Business Telephone number:	A7. Business Fax number:	
A8. Business Email:	A9. Business Website address:	
A10. Describe the primary business activities of the Business Entity:		
A11. Contact Information for the Authorized Representative for this application		
Full legal First and Last names		Current Primary Occupation
Permanent telephone number	Mobile telephone number	Personal Email Address

A12. Business Formation			
<p>Date of Incorporation of Business Entity</p> <p>Date: _____ D/M/YYYY</p> <p>Place: _____</p> <p>_____</p>	<p>Indicate type of legal Business Entity</p> <p><input type="checkbox"/> Limited Liability company <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Other</p> <p>Tax ID Number: _____</p> <p>Company Number: _____</p>		
<p>Please provide the name, address and nationality of each shareholder, partner or stakeholder and percentage of share/ownership held (use an attachment page for additional information).</p>			
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Nationality: _____</p> <p>% Ownership: _____</p> <p>Ownership Type: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Nationality: _____</p> <p>% Ownership: _____</p> <p>Ownership Type: _____</p>		
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Nationality: _____</p> <p>% Ownership: _____</p> <p>Ownership Type: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Nationality: _____</p> <p>% Ownership: _____</p> <p>Ownership Type: _____</p>		
<p>List all previous names under which, and addresses from which the Entity has conducted business in the last ten (10) years (use an attachment page for additional information).</p>			
From (Month/Year)	To (Month/Year)	Name	Address (town, country)

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

A13. Representation of Ownership	
Give details of all parent, holding subsidiary and related business entities (attach diagrammatic flowchart) including details as to the nature of the relationships with the Business Entity, the names of key persons, directors, shareholders, partners and chief executive officers of the related business entities and the business conducted by each related business entity.	
Details of Parent Company	
Nature of relationship	
Key Person	Director
Details of Holding Company	
Nature of relationship	
Key Person	Director
Details of Related Business	
Nature of relationship	

SECTION B: Details of Personnel

Give full details of all persons with more than twenty-five (25%) percent voting or ownership interest in the Business Entity as well as Directors, presently and in the last five (5) years. The names, addresses and contact numbers of auditors, legal advisors, and other consultants engaged by the Business Entity over the last five (5) years. <i>(Use an attachment page for additional information)</i>			
B1. Details of all Current Personnel with more than 25% voting or ownership interest			
Full legal First and Last names		Former/Maiden/Other names or aliases	
Place of Birth	Country of Birth	Date of Birth (D/MM/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Current Primary Occupation		Association with Entity	
Residential Address		From (MTH/YR)	To (MTH/YR)

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

B2. Details of all Personnel with more than 25% voting or ownership who ceased to hold interest in the Business Entity in the last 5 years.			
Full legal First and Last names		Former/Maiden/Other names or aliases	
Place of Birth	Country of Birth	Date of Birth (D/MM/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Primary Occupation		Association with Entity	
Residential Address		From (MTH/YR)	To (MTH/YR)
B3. Details of all Current Directors/Officers			
Full legal First and Last names		Former/Maiden/Other names or aliases	
Place of Birth	Country of Birth	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Primary Occupation		Association with Entity	

Residential Address		From (MTH/YR)	To (MTH/YR)
B4. Details of all Persons who have ceased the position of Director/Officer in the last 5 years			
Full legal First and Last names		Former/Maiden/Other names or aliases	
Place of Birth	Country of Birth	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Primary Occupation		Association with Entity	
B5. Details of Auditors over the last 5 years			
Name of Business			
Address		Telephone number	
Name of Business			
Address		Telephone number	

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

B6. Details of Legal Advisors and other Consultants over the last 5 years	
Name of Business	
Address	Telephone number
Name of Business	
Address	Telephone number

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

SECTION C: Compensation of Officers

Give full details regarding the form and total annual compensation received by each director during the last calendar year and the amount to be received during the subsequent calendar year. (Use an attachment page for additional information)

C1. Compensation GY\$15,000,000 annual

Name	Compensation Last Year (\$ Value)	Comp. Subsequent Year (\$Value)	Form of Compensation

C2. Compensation over GY\$15,000,000 annual

Name	Compensation Last Year (\$ Value)	Comp. Subsequent Year (\$Value)	Form of Compensation

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

SECTION D: Confidential Financial Details

D1. Details of bank account held or operated by the Entity, whether domestic or foreign			
Bank name and address (in full)			
Account in the name of	Account number	Period of time account held	
		From (MM/YYYY):	
		To (MM/YYYY):	
Bank name and address (in full)			
Account in the name of	Account number	Period of time account held	
		From (MM/YYYY):	
		To (MM/YYYY):	
Indebtedness			
Give details of any persons, companies or institutions from which the Business Entity has current loans, mortgages, trust deeds or other indebtedness during the last five (5) years. <i>(Use an attachment page for additional information)</i>			
D2. Details of Indebtedness			
Name of Person/Institution and address (in full)			
Obligation	Amount (\$Value)	Interest (%)	Terms
Name of Person/Institution and address (in full)			
Obligation	Amount (\$Value)	Interest (%)	Terms

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

D3. Describe the nature of all investments and/or financial interests, which the Business Entity has in other any other businesses.

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

SECTION E: Arrests, Convictions and Litigation

Please note if you answer “yes” to any of the questions from E (I) to E (III), you must provide a detailed explanation below or on an attached page, if necessary.

I). Has there been any regulatory or civil actions taken by or against the Business entity, its officers or any of its subsidiaries in the past ten (10) years?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Case/File No.	Nature of Charge/Action	Jurisdiction	Outcome
II). Has any of the Business entity’s officers 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"/>
Case/File No.	Nature of Charge/Action	Jurisdiction	Outcome
III). Has any of the Business entity’s officers ever been sentenced to serve a period of time in detention or been in probation?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Case/File No.	Nature of Charge/Action	Jurisdiction	Outcome

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

SECTION F: Gaming and Betting Licenses

F1. Details of all Gaming and Betting Licenses currently held				
Type of License	Issuing Authority	Issuing Jurisdiction	Date Approved	Expiry Date

F2. Details of all gaming-related Licenses previously held				
Type of License	Issuing Authority	Date Granted	Date Terminated	Reasons for Termination

F3. Details of all applications for gaming-related Licenses currently pending			
Type of License	Issuing Authority	Issuing Jurisdiction	Date Applied

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

SECTION G: Declarations

Please note that if you answer “yes” to any of the questions from G1 to G11, you must provide a detailed explanation on an attached page.	
G1. Has the Business Entity ever had any license revoked, suspended including a Gaming or Betting license?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G2. Will the Business Entity agree to promote on its website, a link for utilization by problem or addicted gamblers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G3. Does the Business Entity have a programme or system in place to deter and/or limit problem of Pathological gambling?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

G4. Will the Business Entity agree to take affirmative and effective steps to prohibit underage gaming?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G5. Does the Business Entity have a programme or system to confirm identity, residence and the age of customers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G6. Has the Business Entity ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organisation?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G7. Has the Business Entity ever been under investigation by any law enforcement agency or tax authority in any country?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G8. Has any of the Business Entity's officers ever been refused entry or been deported from any country?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G9. Has the Business Entity or its officers ever been involved in any bankruptcy, insolvency or liquidation?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G10. Has any of the Business Entity's officers ever applied for residency/citizenship in any country and has not been granted?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
G11. Are any of the Business Entity's officers, both past and current, a Politically Exposed Person ("PEP")?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

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

SECTION H: CEO's Statement – Gaming Authority	
<p>I confirm that the appropriate Due Diligence checks have been completed. Accordingly, I can confirm that I am satisfied that the following applicant company:</p> <ul style="list-style-type: none"> a. Is legitimate and financially sound or is able to obtain the financial resources for ensuring the financial viability of the proposed Betting/Gaming Company or Casino; b. And/or its subsidiary or related businesses is/are of good legal standing; c. The Shareholders, Directors, Executive Officers, Management and Key personnel associated with the applicant company are of good character and suitable to act in his or her capacity. 	
Applicant's Full Name	
CEO's Full Name	
CEO's Signature	
Date	



ENTITY AFFIDAVIT OF TRUTH

I, _____, the _____ of _____
(NAME) (TITLE/POSITION) (ENTITY)

the entity being duly sworn according to law, on my oath, deposes and says that I make this statement on behalf of the entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

NAME OF ENTITY

By _____
Signature

Title

Date

Accountant/Attorney Preparing Form, if any

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.

Notary Public



ENTITY 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.

On behalf of _____,
(NAME OF ENTITY)

I, _____ have authorized the
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

Gaming Authority (Guyana) and its agents and representatives to conduct a full investigation into the background of said entity. Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Gaming Authority (Guyana) provided that he or she certifies to you that said entity has an application pending before the Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 10:11 of the Laws of Guyana.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photo static copy of this authorization will be considered as effective and valid as the original.

SIGNATURE

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 whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Notary Public



ENTITY WAIVER OF LIABILITY

On behalf of _____,
(NAME OF ENTITY)

I, _____
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability as to the Gaming Authority (Guyana) and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

SIGNATURE

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 whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Notary Public

Section I: Required Documentation**The following documents/information must be attached to the completed application:**

1. Certified copy of the Certificate of Incorporation or Registration
2. Certified copy of Memorandum and Articles and Bylaws of the Business Entity
3. Curriculum Vitae or Resume for each Director, Executive Officer and Shareholder
4. Certified copies of Operating and Partnership agreements (*if applicable*)
5. An executive Business Plan. Must include:
 - a. Full address and description of the proposed business premises;
 - b. Description of the operations, including information on the number of games and Software providers;
 - c. Information on employment and training considerations;
 - d. Details of planned social responsibility (*i.e. how the business intends to promote and encourage responsible gaming*)
6. Certified copy of audited financial statements for the last five years or comprehensive financial projections, including: projected financial statements (P&L, Balance Sheet, Cash Flow) for new business entity.
7. Certified copies of the Annual Return for the last five years
8. Certified copies of income Tax Returns or equivalent tax information for overseas jurisdictions
9. Approved copies of Minutes of Shareholders and Directors meetings
10. Schedule of Debt and Leases to include; lender, terms, interest rate, repayment schedule and current status
11. Certified copy of Guyana Revenue Authority (GRA) Tax Certificate
12. List of concessions as approved by GO-Invest or GRA, (if applicable)

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.