



# **GAMING AUTHORITY**

## **APPLICATION FOR GAMING LICENSE/ CERTIFICATE OF GOOD STANDING**

### **“PERSONAL HISTORY DISCLOURE FORM”**

For Official Use Only	
Reference Number	
Date Received	
Associated Licensee	

# **APPLICATION INSTRUCTIONS**

## **Please Read Carefully Before Completing This Form**

1. This form must be completed by each Owner, Partner of a partnership, Executive Officer, Director and all shareholders with twenty-five (25%) percent or more ownership in the Business Entity.
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. 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 "D"** of this form. The only exceptions are Police Clearances, which may be submitted separately. Original forms must be used; photocopies are not acceptable.
10. A non-refundable processing fee of **G\$10,000** should accompany this application.

## PERSONAL HISTORY FORM

This form must be completed by each owner, partner of a partnership, each officer, director and all shareholders with twenty-five (25%) percent or more ownership.

<b>1. Details of Applicant</b>					
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		
<b>Personal Identity and Address</b>					
<b>2. Passport Details – If you hold multiple passports, all passport details must be provided</b>					
	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 .....		
<b>3. Physical Description</b>					
Height:	Weight:	Colour of eyes:			
_____ cm/ft. in.	_____ kgs/lbs				
Colour of hair:	Complexion:	Distinguish marks (tattoos etc.):			

<b>4. Residential Addresses</b>			
List all addresses where you have lived for the last five (5) years, including your present address. (NOTE: Residences should include, without limitation, any place where you have lived for a period of 6 mths. 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"/>
<b>Details of Your Family</b>			
<b>5. Details of Spouse</b>			
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	
<b>6. Details of your Father</b>			
Surname/Family name		First/Given name	
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence	
<b>7. Details of your Mother</b>			
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.

<b>8. Details of your children (including biological, adopted and step-children)</b>		
Surname/Family name	First/Given name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name	First/Given name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name	First/Given name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
<b>9. Details of your brothers and sisters (including half, step and adopted brothers and sisters)</b>		
Surname/Family name	First/Given name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name	First/Given name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence
Surname/Family name	First/Given name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth (Day/Month/Year)	Country of Residence

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

Employment					
<b>10. Give details of your employment history during the last five (5) years, starting with your most recent employment and working backwards.</b>					
From (Mth/Yr)	To (Mth/Yr)	Job Title	Name of Employer	Location	Type of Business
<b>11. Have you ever been terminated or asked to resign from any employment? If yes, please complete the following:</b>					
Date	Name of Employer	Address of Employer	Reason for termination or resignation		
<b>INTEGRITY: Arrests, Convictions and Litigation</b>					
<b>12. Declarations</b>					
<b>Please note that if you answer “yes” to any of the questions from 12(I) to 12(VI), you must provide a detailed explanation on an attached page.</b>					
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"/>		
VI) Are you 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.**

<b>13. Income, Source of Funds and Source of Wealth</b>	
Your gross Annual Net Income (in GY\$ or US\$)  Circle applicable:  ..... G\$/US\$	Sources of Income (your occupation or business activities from which your main sources of income have derived)
Your Total Net Worth, (personal assets minus your personal liabilities) (in GY\$ or US\$)  Circle applicable:  ..... G\$/US\$	The amount declared as Total Net Worth is currently held as:  Circle applicable:  <input type="checkbox"/> Bank account/Savings ..... G\$/US\$  <input type="checkbox"/> Real Estate Holdings ..... G\$/US\$  <input type="checkbox"/> Business Assets ..... G\$/US\$  <input type="checkbox"/> Other (specify) ..... G\$/US\$

**14. CONFIRMATION OF SOURCE OF FUNDS/SOURCE OF WEALTH**

**Mr./Mrs./Miss** \_\_\_\_\_ **(Full name)**

Pursuant to the Anti-Money Laundering and Countering the Financing of Terrorism Act Cap. 10:11, the Gaming Authority of Guyana is required to have information on the source of funds and wealth of applicants on file. In this regard, we request each applicant to fill in the form where applicable and date and sign for confirmation.

NOTE: All information provided to the Gaming Authority will be held in the strictest confidence and will not be used by the Gaming Authority for any purpose other than matters pertaining to this application, except when a competent criminal court order for disclosure is issued against us or otherwise permitted under law.

Check source(s) of Funds/Wealth	Please describe the requested information (use attached sheet, if necessary)
<input type="checkbox"/> Family fortune/Inheritance	
<input type="checkbox"/> Active Business/Company	Name of Company: Business activities:
<input type="checkbox"/> Income Earned	Profession: Name of employer:
<input type="checkbox"/> Other	Detailed Description:

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than the applicant.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

<b>15. Give details of any persons, companies or institutions from which you have current loans, mortgages, or other indebtedness during the last five (5) years.</b>			
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.

### 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.

<b>Applicant's Full Name</b>	
<b>CEO's Full Name</b>	
<b>CEO's Signature</b>	
<b>Date</b>	





## 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)

**Section D: Required Documentation**

**The following documents must accompany your certificate of Good Standing application:**

1. ☐ Completed Personal History Disclosure Form
2. ☐ 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
3. ☐ Certified coloured copy of valid National ID card or another government-issued photo identification
4. ☐ 1 Original passport-size coloured photograph, taken within the last six (6) months
5. ☐ 3 Original character references (from persons who are not related to you and have known you for a period of not less than five years), not older than six (6) months
6. 1 Original bank reference letter, not older than six (6) months.  
  
("To Whom It May Concern" letter is not acceptable. The letter should be addressed to the Chairman)
7. ☐ Certified coloured copy of TIN Certificate
8. ☐ Original or certified copy of evidence of residential address (recent utility bill, lease agreement or title deed). Utility bills **MUST NOT** be older than 3 months.
9. ☐ Certified copies of Personal Income Tax returns, or equivalent tax information for overseas jurisdictions
10. ☐ Original Police Clearance not older than six (6) months, or equivalent police records from any country where you have lived for more than 6 months over the past 5 years

*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.*