



GAMING AUTHORITY

RENEWAL APPLICATION FOR CERTIFICATE OF GOOD STANDING

For Official Use Only	
Reference Number	
Date Received	
Licensee	

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. **Section B** of this form in addition to the **Individual Affidavit of Truth** and **Release Authorization** must be completed by each director, chief executive officer, partner 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 "F"** 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.

RENEWAL GOOD STANDING APPLICATION

SECTION A: BUSINESS ENTITY 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 mailing address, 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 or partner of the Business with twenty-five (25%) percent or more ownership in the Business? Yes <input type="checkbox"/> / No <input type="checkbox"/>			
If you answered yes, please provide details. A <i>“Personal History Form”</i> (GGA3) must be completed and submitted for each person below.			
Name	% Ownership	Name	% Ownership
A6. During the past 12 months, has there been any substantial change to the financial situation of the Business Entity? Yes <input type="checkbox"/> / No <input type="checkbox"/>			
If you answered yes, please provide details below. (use an attachment page for additional information)			

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

A7. During the past 12 months, has there been any pending regulatory or legal action by or against the Business (by an employee, retailer etc.)? Yes / No

If you answered yes, please provide details below. (use an attachment page for additional information)

Case/File No.	Nature of Charge/Action	Jurisdiction	Outcome

A8. Explain what steps you have taken to prevent money laundering:

A9. Explain whether you have taken steps to prohibit underage gambling?

A10. Explain whether you have taken steps to discourage compulsive gambling?

A11. During the past 12 months, has the Business Entity provided training to its senior officers, partners and employees in accordance with AML/CFT Regulations Section 16 and 17? Yes / No

If you answered yes, please provide a copy of your Employee Training Record/Log.

A12. Were you ever unable to pay a winning or prizes due to a customer, during the past 12 months? Yes / No If you answered yes, please provide details

A13. During the past 12 months, how many player complaints have you received, and what was the result of each complaint? (use an attachment page for additional information)

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

SECTION B: PERSONAL HISTORY

This section of the form must be completed by each director, chief executive officer, partner and all persons with twenty-five (25%) percent or more ownership interest in the Business Entity.

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"/>
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Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (Day/Month/Year)
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Place of Birth	Country of Birth
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B2. During the past 12 months, has there been any change in your contact information, occupation, and marital status? Yes / No

If you answered **yes**, please provide details below.

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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 / No
If you answered yes, please provide details below in addition to evidence of new residential address in accordance with **Section F: No.10.**

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 / No
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.

B6. Statement of Assets	Statement of Liabilities
As of the ____ day of _____, 20__	As of the ____ day of _____, 20__
Bank account/Savings: G\$..... _____ Name of Bank Account Number	Loans etc.: G\$..... Name of Bank/Borrower: _____
Real Estate: G\$	Monthly repayment: G\$ _____
Investments: G\$	Due Date: _____ / _____ / _____
Other Assets (Vehicle etc.): G\$	TOTAL LIABILITIES: G\$ _____
TOTAL ASSETS: G\$ _____	
NET WORTH (Total Assets – Total Liabilities): G\$ _____	

B7. CONFIRMATION OF SOURCE OF FUNDS

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.

Year ended:

Source(s) of Funds	Amount
<input type="checkbox"/> Family fortune/Inheritance	
<input type="checkbox"/> Active Business/Company	
<input type="checkbox"/> Income Earned	
<input type="checkbox"/> Other	
TOTAL: G\$	

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: _____

Contact information: _____

INTEGRITY: Arrests, Convictions and Litigation	
B8. Declarations	
Please note that if you answer “yes” to any of the questions from 8(I) to 8(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. Completed Application
2. Certified copy of current Betting Shop License
3. Certified copy of current Business Registration renewal (*if applicable*)
4. Certified copies of audited financial statements since the submission of the initial application for good standing
5. Certified copies of the Annual Return (*if applicable*)
6. Approved copies of Minutes of Shareholders and Directors meetings since the submission of the initial application for good standing
7. Provide full details of indebtedness of the Business Entity since the submission of the initial application for good standing. Please include: lender, terms, interest rate, repayment schedule and current status

The following documents are required from each Director, Chief Executive Officer, Partner:

8. Certified coloured copy of a current Passport BIO, valid national ID card, or another government-issued photo identification
9. Original passport-size coloured photograph, taken within the last six (6) months
10. Original or certified copy of evidence of residential address (recent utility bill, rent/lease agreement), not older than three (3) months (*if applicable*)
11. Copy of income Tax Return, or equivalent tax information for overseas jurisdictions
12. Original Police Clearance, not older than six (6) months