



# GAMING AUTHORITY

## APPLICATION FOR GAMING SUPPLIER CERTIFICATE OF GOODSTANDING

### BUSINESS ENTITY DISCLOSURE FORM

For Official Use Only	
Reference Number	
Date Received	
Authorizing Officer	

# 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. All dates should be completed in the form: Day/Month/Year
7. 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.
8. 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 five (5%) percent or more ownership interest in the Business.
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 “H” 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.

**Please check the appropriate box below to indicate all the activities that you are applying for in respect of this application:**

<input type="checkbox"/> Gaming Machine Supplier	<input type="checkbox"/> Game Testing Services
<input type="checkbox"/> Gaming Software Supplier	<input type="checkbox"/> Gaming machine and software manufacture

**Section A: Business Entity Information**

A1. Full Registered Name of Business Entity ( <i>Name as it appears on Incorporation Document</i> )		
A2. Trading Name(s):		
A3. Address of Registered Office:		
A4. Address of Principal place of Business Entity:		
A5. Mailing Address ( <i>if different from principal address</i> )		
A6. Description of the nature of business		
A7. Business Telephone number:	A8. Business Fax number:	
A9. Business Email:	A10. Business Website address:	
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



**A13. Representation of Ownership**

Give details of all parents, 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 five (5%) 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. *(Use an attachment page for additional information)*

<b>B1. Details of all Current Personnel with more than 5% voting or ownership interest</b>										
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							
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
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.***

<b>B2. Details of all Personnel with more than 5% voting or ownership who ceased to hold interest in the Business Entity in the last 5 years.</b>																				
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																	
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
Current Primary Occupation		Association with Entity																		
Residential Address		From (MTH/YR)	To (MTH/YR)																	

<b>B3. Details of all Current Directors/Officers</b>																				
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																	
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
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.*



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

C1. 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: Financial Details**

Give details of all bank accounts currently held with any financial institution, whether domestic or foreign, by the Business Entity.

D1. Details of bank account held or operated by the Entity		
Bank name and address (in full)		
Account in the name of	Account number	Period of time account held [From (M/Yr)] [To (M/Yr)]

Bank name and address (in full)		
Account in the name of	Account number	Period of time account held [From (M/Yr)] [To (M/Yr)]

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

**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. (Use

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. Statement of Investments**

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. Litigation**

Give full details of any criminal, regulatory or civil actions taken by or against the Business Entity its officers or any of its subsidiaries in the past ten (10) years. *(Use attachment page if necessary)*

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 G13, 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  No

G2. Will the Business Entity agree to promote on its website, a link for utilization by problem or addicted gamblers?  Yes  No

G3. Does the Business Entity have a programme or system in place to deter and/or limit problem of Pathological gambling?  Yes  No

G4. Will the Business Entity agree to take affirmative and effective steps to prohibit underage gaming?  Yes  No

G5. Does the Business Entity have a programme or system to confirm identity, residence and the age of customers?  Yes  No

G6. 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  No

G7. Has any of the Business Entity’s officers ever been sentenced to serve a period of time in detention or been in probation?  Yes  No

G8. Has the Business Entity ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organisation?  Yes  No

G9. Has the Business Entity ever been under investigation by any law enforcement agency or tax authority in any country?  Yes  No

G10. Has any of the Business Entity’s officers ever been refused entry or been deported from any country?  Yes  No

G11. Has the Business Entity or its officers ever been involved in any bankruptcy, insolvency or liquidation?  Yes  No

G12. Has any of the Business Entity’s officers ever applied for residency/citizenship in any country and has not been granted?  Yes  No

G13. Are any of the Business Entity’s officers, both past and current, a Politically Exposed Person (“PEP”)?  Yes  No

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



### 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 Preparing Form, if any

\_\_\_\_\_ Date 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 H: Required Documentation**

**The following documents/information must be attached to the completed application:**

1.  Certified copy of the Certificate of Incorporation
2.  Certified copy of Memorandum and Articles and Bylaws of the Business Entity
3.  Profiles of Directors, Executive Officers and Shareholders
4.  Certified copies of operating and partnership agreements
5.  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.
6.  Certified copies of the Financial/Annual Return for the last five years
7.  Certified copies of income Tax Returns or equivalent tax information for overseas jurisdictions
8.  Approved copies of Minutes of Shareholders and Directors meetings
9.  Schedule of Debt and Leases to include; lender, terms, interest rate, repayment schedule and current status
10.  Certified copy of Guyana Revenue Authority (GRA) Tax Certificate
11.  List of concessions as approved by GO-Invest or GRA, (if applicable)